REQUEST FOR APPROVAL OF AN OUT-OF-STATE OR OVERNIGHT STUDENT TRIP

(Attach completed Form 5 and appropriate documents)

Please send this form to the appropriate Network Leader of the Academic Office for approval at least five weeks in advance of date of trip.

The request involves a review of plans made by school staff to assure the well-being of the students and the academic importance of the proposed trip. The principal may be contacted for further information.

This form may serve as the cover to a packet that contains the following information:

Principal’s name ________________________________________________________________

School __________________________________ Telephone number(s) ______________________

Sponsoring Organization __________________________________________________________

    Name of Staff member(s) in Charge _____________________________________________

    Parent Contact ______________________________________________________________

Number of Students Involved ______ Grade(s) Involved ______ Number of Staff ______

Destination _________________________________________________________________

Inclusive dates of trip _______________ Cost to Pupils ________________

Purpose of trip (Attach Plan and Educational Rationale) ______________________________

Description of Field Trip ________________________________________________________

Name of Transportation Companies (Vendors) Involved: ___________________________

Specific Housing Arrangements (Attached) _________________________________________

Name of Transportation Company (Vendor(s)) Involved _____________________________

Travel Agency and Type of Insurance _____________________________________________

The staff, sponsor, parents and principals have cooperatively planned this trip. No student has been denied the opportunity to participate because of economic reasons. I am satisfied that all arrangements have been confirmed. This activity has my approval.

Signature of Principal __________________________ Date ______________

Signature of Principal Leader ______________________________ Date ______________