

PROPOSAL FOR OVERNIGHT or EXTENDED STUDENT TRIPS

Group _____ Teacher _____

Destination _____ City _____ State _____

Proposed **Departure Date** _____ **Time** _____ **Return Date** _____ **Time** _____

_____ School Transportation (If school transportation, fill in page 4, Transportation Request form).

_____ Chartered Bus. Company name: _____
(Must include Certificate of Insurance)

A. Purpose of Trip

1. What is the major place to be visited or event to be attended? _____

2. How is the trip related to the educational program of the District? _____

3. In what ways will the students benefit? _____

4. In what ways will the District benefit? _____

B. Students and Staff

Required documents for each student before participation is allowed:

Form 2340 F2 – Parent Consent for Trip/Parent Consent for Partially Unsupervised Trip

Form 2340 F6 – Responsibility Contract for Overnight Trips

1. How many students will be going? _____
2. Any other staff members going? Names? _____
3. How many chaperones, in addition to staff members, will be going? _____
4. Chaperone names? _____
Please have chaperone fill out Form 2340 F8.

- 5. Any students currently experiencing academic problems? _____
- 6. What previous experience has the staff member had in conducting overnight or extended field trips?

- 7. How many school days will be missed? _____
- 8. How will teachers be advised in advance that the students will be out of school? _____

- 9. What arrangements have been made for dealing with emergency situations? _____

- 10. What arrangements have been made for administering necessary medications to students while on this trip?

C. School Work

- 1. How will school work be made up? _____

D. Itinerary (a printed copy may be attached)

- 1. Where will the group be housed and fed? List phone numbers also. _____

- 2. Any enroute or supplementary activities planned? _____

E. Finances

- 1. What is the estimated total cost AND cost per student? _____

- 2. What is the source of funds? _____

TRANSPORTATION REQUEST FORM
(School transportation for overnight trips only)

Proposed Departure Date _____ Day of the week _____ Loading Time _____

Return Date _____ Day of the week _____ Time _____

Number of Students _____ Number of Adults _____

Destination _____ City _____ State _____

Group _____ Requesting Teacher _____
(Print Name)

Teacher Signature _____ Date

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For office use only

Trip has been approved by the board on _____

Number of buses needed _____

Driver _____

Driver _____

Driver _____

Transportation Supervisor _____ Date

Original: Superintendent's office
cc: Transportation Supervisor