## REQUEST FOR FOREIGN TRAVEL

**NEPN/NSBA Code: IICA-E** 

Educators submitting this request should first read the Regional School Unit 78 Policy IICA. This form must be submitted by September 30 of the school year in which the trip occurs together with the trip itinerary.

| Indicated the travel category for which approv                                                         | ral is requested:                                                       |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Teacher(s) Leading Trip:                                                                               |                                                                         |
| Content Area Group:                                                                                    |                                                                         |
| Destination:                                                                                           |                                                                         |
|                                                                                                        | Dates of School Missed:                                                 |
| Education Justification: What are the educat the Maine Learning Results in the sponsoring              | ional objectives of the trip? How do these relate to content area(s)?   |
| <b>Standards for Participation:</b> What are the ac by participating students?                         | cademic and behavioral standards that must be met                       |
| <b>Safety:</b> In what ways will you insure the safet instructions to students, supervision guidelines | y of students while traveling? (Describe special s to chaperones, etc.) |

NEPN/NSBA Code: IICA-E Page 2 of 2

| Number of Students Traveling:                                                                                               |                                           |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Number of Adult Chaperones:                                                                                                 |                                           |
| Date of Initial Parent Meeting:                                                                                             |                                           |
| Method of Travel (Check all that apply)                                                                                     |                                           |
| School Bus                                                                                                                  |                                           |
| Charter Bus                                                                                                                 |                                           |
| Parent Transporting Own Children                                                                                            | (7. 10.)                                  |
| Airline (Disclose ground transportation plans): Other                                                                       | (Specify):                                |
| Have parents signed consent forms?                                                                                          |                                           |
| Yes                                                                                                                         |                                           |
| No, but they will prior to travel                                                                                           |                                           |
| Financial:                                                                                                                  |                                           |
| <ul> <li>How much must a student pay or fund raise to</li> <li>Total cost of trip per student (if other funds us</li> </ul> | participate?sed):                         |
| I have read Policy IICA and understand I am resp<br>students while on the proposed excursion.                               | oonsible for the safety and well-being of |
| (Signature of Group Leader)                                                                                                 | (Date)                                    |
| I have reviewed the itinerary of the proposed trip supervising educator.                                                    |                                           |
| I have confirmed that no student will be penalized<br>in this travel experience. I recommend this travel                    |                                           |
| (Signature of Principal)                                                                                                    | (Date)                                    |
| (Signature of Trineipar)                                                                                                    | (Date)                                    |
| Approval of Superintendent                                                                                                  |                                           |
| (Signature of Superintendent)                                                                                               | (Date)                                    |
|                                                                                                                             |                                           |

Adopted by School Board – February 14, 2006

Revised: January 2, 2014

Reviewed: 1/2/2019; 1.31.2022