REQUEST FOR OVERNIGHT OR OUT OF STATE TRAVEL

Teachers or coaches submitting this request should first read Policy EEAA. The form should be submitted no later than four (4) weeks prior to the proposed trip unless approved by the Superintendent or designee and must be accompanied by a proposed itinerary.

Destination:  

Purpose of Trip:  

Please respond to the following questions (Please use additional paper if more space is needed and attach to this form.)

What are the educational objectives of the trip (name at least (2) two)?

How are these objectives linked to your curriculum?

What educational standard is being addressed by this trip?

How is the fulfillment of this standard to be demonstrated upon the student’s return to school?

Teacher leading trip:  

Teacher Chaperones:  

Parent Chaperones:  

Team, content area or grade level:  

Date(s) of travel:  

Number of school days missed:  

Number of students participating:  
Method of Travel (check all that apply)
___ School Bus   ___ Charter Bus   ___ Parents (transporting their children only)
___ Airline      ___ Other (Specify)

How will funds be raised to fund trip (check all that apply)
___ Student/Family pays  ___ Fund Raising  ___ Donations  ___ Other (Specify)

Consent form  ___ Signed  ___ In process

How will you ensure student safety while on the trip?
____________________________________________________________________________
____________________________________________________________________________
If an overnight trip – what are the lodging plans?
____________________________________________________________________________
____________________________________________________________________________

Please provide an estimate cost for the following:

Hotel: ________________________________ Transportation: __________________
Food: ________________________________ Events admissions/tickets: ____________
Misc. charges: (please specify) ________________________________________________

Total estimated cost of trip: ____________________________________________________

I have read Policy EEAA and this Policy EEAA-R and understand that I am responsible for the safety and well-being of the students participating.

_________________________________________________  __________________
Trip leader  Date
(Must be teacher, coach, club advisor or a person designated by the Superintendent)

I have reviewed this application and have reviewed safety procedures with the trip leader. I recommend the trip to the Superintendent.

_________________________________________________  __________________
Principal or Athletic Director  Date

Approval of Superintendent:

_________________________________________________  __________________
Name  Date

Date of Board Approval: _________________
TO BE COMPLETED AFTER BOARD APPROVAL

Destination: ________________________________________________________

Date of trip: _________________________________________________________

STEP 1:
TRANSPORTATION ~ TO BE SIGNED OFF ON BY DIRECTOR OF TRANSPORTATION

NO: _____
YES: _____ Time of departure from RLRS: ___________. Time of return to RLRS: ___________

Number of student participants: __________________________________________

_____________________________________________________________________

Signature of Director of Transportation ___________________________ Date __________

STEP 2:
NOTIFY KITCHEN IF STUDENTS WILL BE MISSING MEALS

_____________________________________________________________________

Signature of Director of Food Service ___________________________ Date __________

STEP 3:
SUBMIT REQUEST FORM TO THE FRONT OFFICE

Date submitted to front office: ____________________________________________