

**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 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: \_\_\_\_\_