

TRIP REQUEST

CO-CURRICULAR/EXTRA-CURRICULAR

Date of Request _____ Date of Trip _____

Staff Members Attending Trip (list ALL) _____

Group/Class Attending Trip _____

Destination _____

Purpose of Trip _____

(include the relevant indicator/benchmark) _____

Departure Time _____ Return Time _____

Number of Students Attending _____ Number of Non-Staff Chaperones Attending _____

Signature of Faculty Member Arranging and Requesting Trip _____

Field Trip: _____ APPROVED _____ DISAPPROVED _____
Principal's Signature

Comments: _____

Date forwarded to Superintendent for final approval: _____

Field Trip: _____ APPROVED _____ DISAPPROVED _____
Superintendent's Signature

Comments: _____

*IMPORTANT INFORMATION FOR STAFF *

1. There must be a minimum of one (1) advisor (teacher) on each bus taken on the trip. The teacher must have a **completed emergency medical authorization** form for every student on the bus.
2. **Parent Permission** must be obtained for each student attending the field trip.
3. Regarding all field trips, the time at the destination must be longer than the time spent traveling to and from the destination.