

Out-of-state overnight trips require the Board of Education's approval.

Group Requesting Trip: _____
 Date of Request: _____
 Destination: _____
 Days out of School: _____
 # of Students: _____
 Last Time Group Traveled (Year): _____

Instructor/Coach/Advisor: _____
 Departure Date: _____
 Return Date: _____
 Student-to-Adult Ratio: _____
 Last Time Group Traveled (Location): _____

Trip cost per student	_____
Total fundraising to be applied per student	_____
Total cost of trip per student	_____
(total student cost cannot exceed \$1,000)	_____

Yes No All parents were notified by email or in person and allowed a confidential vote.
 At least 80% of the parents approve of the trip. Please provide documentation.

Educational Purpose of Trip: Describe the educational value of the trip below.

Itinerary (Please circle day of week and provide a brief outline)

Day 1	M	T	W	Th	F	Sa	Su	Day 2	M	T	W	Th	F	Sa	Su	Day 3	M	T	W	Th	F	Sa	Su	Day 4	M	T	W	Th	F	Sa	Su	Day 5	M	T	W	Th	F	Sa	Su

Method of travel to and from destination: _____

Name(s) of additional adult(s) accompanying students:

Sponsoring Instructor/Coach/Advisor Signature: _____

Principal Signature Approval: _____ Date:

For District Use Only

Date Received: _____

Approved Rejected

School Board President Signature: _____

Reason(s) for Rejection:

- Survey results missing or too low
- Excessive student fee
- Deficient education
- Other: