

EDUCATIONAL TRIP PRE-APPROVAL FORM

Teacher's statement as to purpose or educational value of the trip as it relates to the curriculum being taught in the class.

PROVIDE THE NAMES OF THE STUDENTS, TEACHERS AND CHAPERONES WHO WILL MAKE THIS TRIP. THE TRIP ITINERARY ON THE BACK OF THIS FORM MUST BE FILLED OUT.

(Box lunches are available from the school cafeteria – contact Food Service Department)

Date Desired _____
(Minimum of (10) school days prior to request)

Destination of Trip: _____

School Requesting Trip: _____

Is a school bus/van needed: YES _____ NO _____

Departure time from your building: _____

Arrival time at your building: _____

Check if stopping for breakfast (**be sure time is allotted**)

Check if stopping for lunch (**be sure time is allotted**)

Number of pupils to be transported: _____

Number of chaperones to be transported: _____

Total number of persons to be transported: _____

Teacher's Signature: _____

Please Check Box if Using Coach Transportation

Note: ** you must provide a copy of Certificate of Insurance from company being used and also a copy of coach driver's "school bus endorsement" with this request.

Recommended Not Recommended _____

***Administrator's Signature** **Date**

*Is a substitute teacher needed YES _____ NO _____ Comments _____

Non-Approved (Due to incomplete information) Please resubmit a completed form.

Approved

Superintendent's Signature **Date**

- Qualifies for field trip reimbursement based on MOU
- Does NOT qualify for field trip reimbursement, part of a supplemental sponsored trip.

MUST BE COMPLETED:
<p>Who is paying for transportation? (Please check below)</p> <p><input type="checkbox"/> District</p> <p><input type="checkbox"/> Other (list below)</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>For special invoicing or additional questions, please contact the business office, extension 1006.</p>

Name of Teacher/Teachers: _____

Specific Address of Trip Destination _____ Teacher's Building _____
_____ Building Phone #/ Ext _____

**Names and Phone Numbers of ALL INDIVIDUALS attending Field Trip must be submitted with this form.

A student roster generated from PowerSchool may be submitted.

Number of pupils to be transported: _____

Number of chaperones to be transported: _____

Total number of persons to be transported: _____

Number of Buses/ Vans requested: _____

Please give an approximate time/itinerary below. *****If stopping for breakfast or lunch, please be sure to include that information on the itinerary.**

Time	Place
_____	_____
_____	_____
_____	_____
_____	_____