

YOUGH SCHOOL DISTRICT

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 AND PHONE NUMBERS 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)

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.

Transportation Manager's Signature Date

\*required field
Person or Club Responsible for Payment
Address (Of Person or Club Responsible for Payment)
Authorization/Signature of Payer

Name of Teacher/Teachers: \_\_\_\_\_

Specific Address \_\_\_\_\_ Teacher's Building \_\_\_\_\_

Of Trip Destination: \_\_\_\_\_ Building Phone No./Ext. \_\_\_\_\_

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**\*\*NAMES AND PHONE NUMBERS OF ALL PERSONS 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: \_\_\_\_\_

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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
_____	_____
_____	_____
_____	_____
_____	_____