



PROPOSED EDUCATIONAL TRIPS FOR STUDENTS EXCEEDING ONE SCHOOL DAY

Authorization Request Form
Policy 418 – Appendix A

AUTHORIZATION

All applications must be submitted to the principal **well in advance of the trip**. Completed applications should be forwarded to the Family of Schools Superintendent and one copy retained in the school files.

DATE: _____

1. SCHOOL: _____ TELEPHONE: _____

2. NAME OF TEACHER MAKING REQUEST: _____

3. DESTINATION(S) _____

4. DEPARTURE/RETURN/TIME

	MONTH	DAY	YR	Time (anticipated)
DEPARTURE				a.m./p.m.
RETURN				a.m./p.m.

5. NUMBER OF STUDENTS: _____

6. YEAR OR GRADE: *(circle appropriate numbers)*

K 1 2 3 4 5 6 7 8 9 10 11 12 OR Special Group _____

7. NUMBER OF STAFF: _____ 8. NUMBER OF ADULT VOLUNTEERS: _____

9. TRANSPORTATION (✓)

Walking School Bus Public Transit Cycling Car Pool

Charters (✓): Bus Plane Train Boat

10. AREAS OF STUDY(✓)

Art Language Arts Phys. Ed. Life Skills Drama

Math Science Social Studies Music

Other (*explain*):

(attach additional pages if required)

11. PURPOSE AND EXPECTED OUTCOMES OF THE TRIP:

12. BUDGET ESTIMATE: _____

Source for Funds (✓)

- School Funds Special Project Outside Group(s) Per Student Fee

Other: _____

13. Parents Notified Parent Authorization Forms Complete
 Medical Forms Itinerary Completed and Copies Attached

14. TYPE OF ACCOMMODATION (if applicable): _____

15. EMERGENCIES:

- a) Provisions should be made for medical care in the event of accidents. What procedures have you established for emergency situations? (*First Aid, Transportation, etc.*)

- b) In the event that a bus is not always present (e.g. drops you off and returns later), will a second vehicle be at your disposal in the interim?

Yes No Comment: _____

Date of Application

Signature of Teacher Making Request

Date Approved & Recommended by Principal

Signature of Principal

Date approved & Authorized by Superintendent

Signature of Superintendent