



# Proposed Educational Trips for Students Exceeding One (1) School Day Authorization Request Form

Appendix A, AP-418 Learning Experiences Outside of the School

## Authorization

All applications must be submitted to the principal well in advance of the trip. Completed applications should be forwarded to the Learning Superintendent and one (1) copy retained in the school files.

Date: \_\_\_\_\_

1. School: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name of Teacher making request: \_\_\_\_\_

3. Destination(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Departure/Return Time:

	MM	DD	YY	Time <i>(anticipated)</i>
Departure				a.m./p.m.
Return				a.m./p.m.

5. Number of Students: \_\_\_\_\_

6. Year or Grade (circle appropriate nos.):  
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  Carpool

Charters:  Bus  Plane  Train  Boat

10. Areas of Study:

Art  Language Arts  Phys. Ed.  Life Skills  Drama

Math  Science  Social Studies  Music

Other (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Purpose and Expected Outcomes of the Trip:

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12. Budget Estimate: \_\_\_\_\_

Source for funds:  Schools Funds  Special Project  Outside Group(s)  Per Student Fee

Other: \_\_\_\_\_

- 13.  Parents notified  Parent Authorization Forms Complete
- Life Threatening Condition 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 or illness. What procedures have you established for emergency situations (i.e. first aid, transportation, etc.)?

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- 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: \_\_\_\_\_

16. Trip Outcomes:

- Appropriate planning has been completed for students who may require accommodations (such as site accessibility, transportation, tube feeding, toileting, supervision, etc.) to participate in this learning activity.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Teacher Making Request

\_\_\_\_\_  
Date Approved and Recommended  
by Principal

\_\_\_\_\_  
Signature of Principal