



School Day Trips Form

Appendix D

AP-418 Learning Experiences Outside of the School

Authorization

All applications must be submitted to the principal ideally one (1) month in advance of the trip or within an acceptable timeframe. Completed applications should be retained in the school files for at least two (2) calendar years.

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

5. Number of Students: _____

6. Extra-Curricular Activity and Grade (circle appropriate nos.):

7 8 9 10 11 12 Activity: _____

7. Number of Staff: _____

8. Number of Adult Volunteers: _____

9. Transportation: School Bus Public Transit Carpool

Charters: Bus Plane Train Boat

10. Parents notified

11. Type of Accommodation: _____

12. Emergencies:

- a. Provisions should be made for medical care in the event of accidents or injuries. What procedures have you established for emergency situations (i.e. first aid, transportation, second vehicle, potential Life Threatening Condition forms, etc.)?

13. Cellphone number for emergency contact during the trip: _____

Date of Application

Signature of Teacher Making Request

Date Approved and Recommended
by Principal

Signature of Principal