



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:

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.)?

- 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

Date Approved and Authorized by Superintendent

Signature of Superintendent