



# 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

\_\_\_\_\_  
Date Approved and Recommended  
by Superintendent

\_\_\_\_\_  
Signature of Superintendent