

Class/Group _____

Staff member in charge: _____

Supervision (chaperones): _____

Date of Trip: _____ Destination: _____

Departure Time: _____ Return Time: _____

Transportation method: _____ Transportation Dept has been notified: yes no

If needed, bus or van is available yes no

Instructional Objectives: 1) _____

2) _____

3) _____

4) _____

Pre learning activities: 1) _____

2) _____

Post learning activities: 1) _____

2) _____

Is this an overnight activity? _____ Is this an out-of-state activity? _____

Proposed itinerary (attach additional pages as needed):

Estimated Cost (including travel): _____

Housing: _____

Funding Source: _____

(All money must be turned in to the office before trip departure.)

Submitted by _____ date: _____

Principal approval (all trips) _____ Superintendent approval (overnight trips) _____

Board of Trustee approval (out of state trips) _____

Copy of final approval to be sent to Transportation Department.