School or Program: ____________________________ Date Requested: ________________________

Who is making the request: ______________________________________________________________

**Description of Proposed School Sponsored Trip**

Date: ________________ Destination: __________________________________________________________

What Group is meant to travel:

- [ ] Students
- [ ] Staff
- [ ] Other Chaperons

Check all that apply:

- [ ] One Day Trip
- [ ] Overnight Trip
- [ ] Walking Field Trip
- [ ] Out of State Trip
- [ ] Out of County Trip
- [ ] Trip involving water activities
- [ ] Trip requiring transportation

Alternate activity planned for students who do not wish to participate: __________________________

____________________________________________________________________________________

How will trip be funded

____________________________________________________________________________________

Please attached a separate sheet of paper:

- Describing how this trip is tied to the District’s established curriculum
- Provide the educational objectives relating directly to the curriculum
- Describing your plan to provide the best use of student learning time during the trip
- Describing your plan to provide appropriate instruction before and after the trip

Signature of Requestor ____________________________ Date __________

Principal Approval ____________________________ Date __________

Superintendent Approval (if required) ____________________________ Date __________