



Special Trip Request Form

Date of request _____ Date of trip _____

1. Teacher _____ School/pickup location _____

Destination and address _____
(Out of State and overnight trips must have Board Approval)(Board Approval takes approximately 4 weeks)

Itinerary _____

Number of Students _____ Number of Adults _____ Number of Vehicles _____

Charter (Company Name) _____

The teacher is responsible to schedule transportation

Departure time from district _____ Arrival time back in district _____

2. Attach additional sheets if necessary. Purpose of the trip related to content expectations

How will this trip be correlated to curriculum objectives prior to the trip?

What activities on the trip relate directly to the proposed objectives?

How will achievement of the objectives be assessed upon return to the district?

3. Budget code for expenses _____ Budget code for transportation _____
or Organization responsible for paying _____

Signature of person in charge _____ Date _____

Signature of Principal _____ Date _____

Signature of Curriculum Director _____ Date _____

Signature of Superintendent _____ Date _____

(Out of State or overnight trips)

Approved [checkbox] Denied [checkbox] Revise and re-submit [checkbox]

Comments:

[checkbox] Copy to Central Office [checkbox] Copy to Requestor