



## NON-LOCAL, OVERNIGHT & EXTENDED FIELD TRIP APPLICATION (To be completed by Teacher/Advisor)

School \_\_\_\_\_ Today's Date \_\_\_\_\_

Individuals/Group Involved \_\_\_\_\_ Number of Students \_\_\_\_\_

Activity \_\_\_\_\_

Destination \_\_\_\_\_

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Accommodations: \_\_\_\_\_

Source(s) of Revenue: \_\_\_\_\_

Description of Fundraising Activities \_\_\_\_\_

Estimated Individual Student Cost \_\_\_\_\_ Estimated Total Group Cost \_\_\_\_\_

How was this activity/trip available to any interested and/or eligible student(s) \_\_\_\_\_

How was this trip promoted to all interested/eligible students? \_\_\_\_\_

Will any student(s) be excluded from this trip due to the inability to pay? \_\_\_\_\_

Insurance (special coverages) \_\_\_\_\_

Purpose of Trip (include the educational value) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has this trip been previously taken? \_\_\_\_\_ If yes, when? \_\_\_\_\_

**List of chaperones and students MUST be attached to this form one week prior to travel.**  
(Chaperones must be of each gender if students of each gender are attending.)

1. Attach additional information as appropriate.
2. Contact Business Services with questions about insurance.
3. Parent permission and medical authorization forms go to the principal.
4. All district employees need to submit a travel request form.
5. Notify the school nurse.

\_\_\_\_\_  
Signature of Initiator \_\_\_\_\_ Signature of Building Principal \_\_\_\_\_

For Administration Use Only:

Board approval needed. Will be submitted on \_\_\_\_\_  
Approved \_\_\_\_\_

\_\_\_\_\_  
Superintendent or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_