

STUDENT TRIP REQUEST FORM

This completed form **must** be submitted and approved at least four (4) weeks prior to the event, **or** prior to fundraising for event/trip.

Name of Trip/Event: _____

School: _____

Grade/Class: _____

Date of Trip: _____

Overnight (Needs Board approval)

- Classroom related
- Athletic related
- Extracurricular related
- Other _____

Location: _____

Address: _____

Emergency Numbers: _____
Cell Phone Number

Telephone Number During Trip

Student and Staff Information

Number of Staff: _____

Number of Students: _____

Names of Staff (Building administrator or designee must be listed if overnight.)

How many adult chaperones will accompany the students on this student trip? BASD Employees ____ Others ____

Estimated Costs (Asterisk * indicates a Payment Requisition **MUST** be attached)

Funding Sources: District School PTO/PTA Student Fundraising
 Grant _____
 Other _____

Account Information: General State Federal

Name/Title for Registration: _____ Number: ____ - ____ - ____ - ____ - ____ - ____ - ____

Balance: \$ _____ (If not enough money, principal/supervisor **must** attach budget transfer.)

Name/Title for Lodging and Travel: _____ Number: ____ - ____ - ____ - ____ - ____ - ____ - ____

Balance: \$ _____ (If not enough money, principal/supervisor **must** attach budget transfer.)

Registration: Student Cost: \$ _____ x _____ = _____ Combined \$ _____
 Staff Cost: \$ _____ x _____ = _____
 Need Check Prior to Trip
 Check Payable To* _____

Lodging: _____ Nights @ \$ _____ per night (include tax) Combined \$ _____
 Student Cost: \$ _____ x _____ students x _____ days = _____
 Staff Cost: \$ _____ x _____ staff x _____ days = _____
 Need Check Prior to Trip
 Check Payable To* _____

Meals: _____ Days @ \$ _____ per day Combined \$ _____
 Student Cost: \$ _____ x _____ students x _____ days = _____
 Staff Cost: \$ _____ x _____ staff x _____ days = _____

Transportation: No bus needed BASD bus/van (attach Form) Charter bus _____
 Personal Vehicle (please complete below) Airline (please complete below)

Automobile (both must be filled out if over 125 miles) Lesser of: \$ _____
 Personal: _____ miles @ \$ _____ per mile = \$ _____
 Rental: _____ days x \$ _____ daily rate + \$ _____ fuel = _____
 Please contact Business Office for name of company used.

Airfare _____ \$ _____
 Airline _____ Departure Date _____ Return Date _____

Other Expenses: _____ \$ _____

SUBTOTAL: \$ _____

Substitute Costs: _____ subs x _____ days x \$ _____ per day = \$ _____

Substitute Account Number: ____ - ____ - ____ - ____ - ____ - ____ - ____ **TOTAL:** \$ _____

Objectives

1. Subject area(s) to which trip is related:

2. Curriculum objectives that can be achieved from this trip:

3. What specific follow-up classroom activities are planned upon completion of the student trip, or in what way is the trip expected to advance student learning?

4. Are trip permission slips required to visit this location? Yes No
If yes, date permission slip was or will be sent out _____.
Permission slips are required for all out-of-district trips. For district-sponsored activities, the blanket permission slip obtained at the beginning of the school year is sufficient.

5. For high school musical groups, please list your trips for the last four (4) years.

6. Additional Comments.

Teacher/Administrator Completing Form

Date of Completion of Form

Form Received **Approvals**

_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	_____	_____
			Principal/Supervisor Signature	Date
_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	_____	_____
			Cabinet Member Signature	Date

Overnight Approval **Placed on _____ Board Agenda**

_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	_____	_____
			Superintendent' Signature	Date

Reason for Disapproval: _____
