



## STUDENT FIELD TRIP REQUEST

Use this form to request student out-of-state, international, and overnight in-state travel. This form requires School Board approval. Please submit to the Office of the Superintendent at least 10 working days prior to a School Board meeting. All lines must be completed.

Traveling Individual(s): \_\_\_\_\_  
Number of Students \_\_\_\_\_ Identifies as M \_\_\_\_\_ F \_\_\_\_\_ Non-Binary \_\_\_\_\_ Grade \_\_\_\_\_  
Number of Adult Chaperones \_\_\_\_\_ Identifies as M \_\_\_\_\_ F \_\_\_\_\_ Non-Binary \_\_\_\_\_  
Name(s) of Chaperones \_\_\_\_\_  
Name of current First Aid/CPR qualified individual traveling with group \_\_\_\_\_

School/Department: \_\_\_\_\_

Meeting/Conference Title: \_\_\_\_\_

Destination: \_\_\_\_\_

Date(s) of Travel: \_\_\_\_\_ Type of Transportation: \_\_\_\_\_

Purpose/Objective of Trip: \_\_\_\_\_

*Forms associated with this request such as flyers, itineraries, or agendas may be attached.*

<u>Expenses:</u>	<u>Estimated Cost</u>	<u>Budget Code</u>
- Registration	\$ _____	_____
- Mileage, Airfare, etc.	\$ _____	_____
- Lodging	\$ _____	_____
- Meals	\$ _____	_____
- Substitute	\$ _____	_____
- Other (describe) _____	\$ _____	_____

If fundraising or private funds are used, describe the activities, sources, and provisions made for students who cannot personally pay for the trip: \_\_\_\_\_

Requested by: \_\_\_\_\_ (Signature) Date: \_\_\_\_\_

\*Manager of Chargeable Budget: \_\_\_\_\_ (Signature) Date: \_\_\_\_\_

\*Principal/Supervisor: \_\_\_\_\_ (Signature) Date: \_\_\_\_\_  
(if different than above)

\* Must be signed before seeking approval by the School Board

\*\*\*\*\*

SCHOOL BOARD ACTION: \_\_\_ Approved \_\_\_ Denied Date: \_\_\_\_\_