

JEFFERSON COUNTY BOARD OF EDUCATION OVERNIGHT FIELD TRIP REQUEST FORM

This form is to be used for approval of all overnight field trips.

Please attach a professional leave request for each teacher who will need a substitute.

School _____

Group (grade, subject, organization) _____

Number of Students _____ Number of Adults _____

Event and Description _____

City _____ State _____

Departure Date _____ Day of Week _____ Time _____

Return Date _____ Day of Week _____ Time _____

Transportation:

School Bus ____ **School Vehicle** ____ **Provided by Parents** ____

Employee Private Vehicle ____

(If private vehicle, school employee who made arrangements has informed drivers of their personal liability and insurance requirements and has secured a completed approval form for the trip from the parents. **Copies of driver's license and insurance card are attached for each driver.**)

Commercial Carrier ____ **Rental** ____

Company Name _____ Company Address _____

City _____, State _____

Phone Number _____

List names of adults who will supervise students for the trip.

Place a check beside the drivers of private vehicles.

Attach additional list, if necessary.

School Employees: _____ **Driver** _____ **Adult Volunteers:** _____ **Driver** _____

List the ratio of sponsors to students (minimum of 1:15) _____

Fundraising for overnight trips **must not** begin prior to approval of the field trip by the Board of Education.

Cost per pupil: Admission _____ Transportation _____ Other _____

How will these costs be defrayed? _____

Is there any proposal to raise funds for this trip? If so, explain: _____

Have all chaperones had the required background checks? Yes _____ No _____

Will chaperones room with students? Yes _____ No _____

If yes, explain: _____

A room list is required to the Director of Schools a week prior to departure.

Purpose of trip (related to curriculum or program objectives):

Statement of rules/disciplinary consequences and detailed itinerary (including daily curfew) must be attached.

To Request Trip Approval:

Submit to Principal at least three (3) weeks prior to next scheduled Board of Education meeting.

Teacher requesting trip _____ **Date submitted to principal** _____

Principal: Forward all copies to Director of Schools at least fifteen (15) working days prior to next scheduled Board of Education meeting.

Approved by principal: _____ **Date:** _____

Director of Schools – Overnight Field Trip Request

Approved _____
Director of Schools *Date*

Board Approval _____
Signature Chair/Vice-Chair *Date*