

OFF CAMPUS INSTRUCTIONAL ACTIVITY REQUEST / APPROVAL FORM

TRIP REQUEST

TODAY'S DATE _____

Check one: School Day____ Overnight____ After School____ Weekend____ Out of State____
(Note: Employee absences for field trips must be requested and approved on an Employee Leave Form)
TEACHER(S)_____

NAME OF TRIP _____

DATE(S)_____ DEPARTURE TIME_____ RETURN TIME_____

LOCATION (City/State)_____ ROUND TRIP MILEAGE_____

NUMBER OF STUDENTS_____ NUMBER OF CHAPERONES_____

CHAPERONE NAME(S)_____

SPECIFIC INSTRUCTIONAL OBJECTIVES OR EXPECTED OUTCOMES _____

FOLLOW-UP ACTIVITIES _____

STUDENTS WILL BE CHARGED: NO_____ YES_____ IF YES, AMOUNT AND PURPOSE_____

PROVISIONS FOR THOSE UNABLE TO PAY _____

BAG LUNCHES NEEDED: NO_____ YES_____ IF YES, QUANTITY NEEDED _____

TRANSPORTATION REQUEST

SCHOOL ACTIVITY BUS_____ QUANTITY NEEDED _____

NAME(S) OF DRIVERS _____

STAFF VEHICLE_____ VEHICLE ASSIGNED _____

CHARTERED BUS_____ QUANTITY NEEDED _____ BUS COMPANY _____

APPROVAL

PRINCIPAL DATE

CENTRAL SERVICES ADMINISTRATOR DATE

TRANSPORTATION DIRECTOR DATE