

## Jefferson County Board of Education Overnight Field Trip Approval Form

This form is to be used for approval of all overnight field trips. Please attaché a professional leave request form for each teacher who will need a substitute.

**School** \_\_\_\_\_

**Group** (grade, subject, organization) \_\_\_\_\_

**Number of Students** \_\_\_\_\_ **Number of Adults** \_\_\_\_\_

**Event and Description** \_\_\_\_\_

**Departure Date** \_\_\_\_\_ **Day of the Week** \_\_\_\_\_ **Time** \_\_\_\_\_

**Return Date** \_\_\_\_\_ **Day of the Week** \_\_\_\_\_ **Time** \_\_\_\_\_

**Transportation:**

Provided by Parents \_\_\_\_\_ Arrangements Made by the School \_\_\_\_\_

**If school will arrange transportation, indicate type of vehicle:**

School Bus  Commercial Carrier  Private Vehicle

If private vehicle, school employee who made arrangements has informed drivers of their person liability

List names of adults who will supervise students on the trip. Place a check beside drivers of private vehicles. Attach additional list if necessary:

School Employees	Drivers		Adult Volunteers	Drivers

List ratio of sponsors to students (minimum of 1:15) \_\_\_\_\_

Overnight Field Trip Request  
Page Two

Cost per pupil: Admission \_\_\_\_\_ Transportation \_\_\_\_\_ Other \_\_\_\_\_

How will these costs be defrayed? \_\_\_\_\_

Statement of rules and disciplinary consequences attached? Yes

*Detailed itinerary, including daily curfew must be attached.*

Will chaperones room with students?  Yes  No If no, why not? \_\_\_\_\_

Purpose of trip (related to curriculum or program objectives) \_\_\_\_\_

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**TEACHERS REQUESTING TRIP – SUBMIT TO PRINCIPAL FIFTEEN (15) WORK DAYS PRIOR TO TRIP.**

Requested by \_\_\_\_\_ Date submitted to principal \_\_\_\_\_

Have you made arrangements for students with special needs (lift bus, feeding, toileting, etc.) Yes  None needed

Will you file parent permission slips before departing? Yes

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**PRINCIPAL – FORWARD ALL COPIES TO DIRECTOR OF SCHOOLS TEN (10) WORK DAYS PRIOR TO TRIP.**

APPROVED BY \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

Is substitute teacher needed? Yes  No  If yes, how many? \_\_\_\_\_

How many days each? \_\_\_\_\_

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**DIRECTOR OF SCHOOLS – OVERNIGHT REQUEST FOR BOARD ACTION**

APPROVED \_\_\_\_\_ DATE APPROVED \_\_\_\_\_