

EXCURSION
(Teacher Request/Proposal Form)

Destination _____

Objectives of Trip _____

Number of Students _____ Subject/Grade Level _____

Teachers Involved as Supervisors _____

Will Parent Volunteers be Needed? Yes _____ No _____

Provide a general description of how students who do not go on the trip due to disciplinary or individual choice will be supervised at school, and what educational activities these students will be offered.

Name of Tour/Travel Company Organizing (If Applicable)

Date of Trip _____
Time Leaving _____ Expected Arrival Time _____
Expected Return Time/Date _____ / _____ Student Cost _____

Transportation By _____
Number of Buses Ordered _____ Cost _____ Date Buses Ordered _____
Other Transportation By _____

ATTACH DETAILED ITINERARY

Overnight Accommodations

Name, Location and Date(s)

Name, Location and Date(s)

Financial Commitment Requested From District (List Each Cost Below)

Is there any supplemental insurance provided by a source other than the insurance held by the Board of Education?

Yes _____ No _____ If yes, describe _____

What is the facility's safety plan for students to protect them during severe weather?

What is the emergency contact number for the facility (preferably the facility manager or public safety office?) _____

Teacher's Signature Requesting Trip Date of Request

Principal's Signature (Approval) Date of Approval

Asst. Supt. for Learning's Signature (Approval) Date of Approval

Presentation to Board: Date _____ (30 Days in Advance)

Questions/Comments/Suggestions: _____

Approved _____ Not Approved _____ Date of Board Action _____

If excursion is not approved list reason(s) below

