School _____

TRIP REQUEST FORM FOR OUT-OF-STATE AND/OR OVERNIGHT TRIPS

Name of teacher/advisor/coach making request _____

Name of group _____

Destination(s) _____

Dates leaving and returning _____

Number of days of class missed _____ Number of students going on trip _____

Number of adult chaperones going on trip (include the teacher/advisor/coach) _____

Names of SWCS' personnel going on trip

_____

Names of non SWCS' personnel going on trip

_____

Mode(s) of transportation

☐ school bus ☐ charter bus
☐ 9-passenger vans ☐ private automobiles
☐ airplane ☐ other _____

Accommodations (be specific)

_____

Who is paying expenses of trip? (student/parent, fund-raising activities, boosters, etc.)

_____

What is the purpose of the trip?

_____

_____

_____

If professional leave is needed, has the Site Steering Committee approved that request?

_____

This form must be approved and signed by the building principal.

_____
Principal's Signature

_____
Date

A trip itinerary must be attached to this request.

BOARD OF EDUCATION
Approved ☐
Denied ☐

Date _____

12/05, 11/6/07, 1/3/12