## Application for Overnight Student Trip (Note: application should be made to the Superintendent of Schools at least three months in advance of the planned trip.)

	Student group to go on trip					
	School					
	Number of students					
	Trip destination					
a.	Dates	_ 6.b.	Number	r of School Days		
	Educational rationale for trip					
	Names of chaperones					
	Itinerary and Time Schedule					
	Day 1:					
	Day 2:					
	Day 3:					
	Day 4:					

Lod	ging					
Mea	uls					
Exp	enses for:					
	IndividualIndividualStudentsChaperones (if different)					
Lod	ging					
Mea	uls					
Tran	nsportation					
Fees						
Othe	er					
Tota	al					
Indi	licate how expenses are to be met					
a.	Students: individual fund raising both school budget					
	If fund raising, describe activity and estimated receipts					
o.	Chaperones: Board of Education reimbursement requested					
	Fund raising Other					
Has	there been a trip similar to this in the past?					
rc	yes, when was it? Briefly explain the success					

	Other information pertaining to proposed trip (note: Please attach any printed information which might be pertinent to the					
(note: 1 rease attach	any printed information which inight	be pertinent to the				
oplication submitted by: _						
	Sponsor of Trip	Date				
oproval Recommended: _						
	Dept. Chair (if applic.)	Date				
_	Building Principal	Date				
_	Deputy Superintendent	Date				
oproved:						
_	Superintendent and Board of Education	Date				

Adoption date: February 28, 2000 Revised: January 13, 2003 Revised: April 16, 2012 Revised: October 10, 2017 Revised: October 15, 2019