

## Out of State Trip Request

1. Before completing this form, review Board policy 700.382 and ensure group meets these criteria. This also includes outside charter agencies.

A. Group requesting trip \_\_\_\_\_

B. Date (s) of trip \_\_\_\_\_

C. Destination (city, state) \_\_\_\_\_

D. List all locations to be visited at destination:

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

E. List sponsors to accompany trip and their cell phone numbers.

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

F. Trip Financial Plan (explain) \_\_\_\_\_  
\_\_\_\_\_

G. Plan of Supervision for students (explain) \_\_\_\_\_  
\_\_\_\_\_

H. Describe educational benefit of trip: \_\_\_\_\_  
\_\_\_\_\_

2. Upon completion of this request, forward to Site/Building Principal for approval/disapproval.

\_\_\_\_\_  
Principal/Date

Approve / Disapprove  
(circle one)

3. Principal's Remarks (if needed) \_\_\_\_\_  
\_\_\_\_\_

To: Director of Related Services

\_\_\_\_\_  
Director's Signature/Date

Transportation Available / Not Available  
(circle one)

To: Superintendent

\_\_\_\_\_  
Superintendent's Signature/Date

Approve / Disapprove  
(circle one)

4. Please submit this form and a Transportation Request (if needed) to the office of **Related Services** and save copies for your records.