## TRIP REQUEST FORM

#### **Dexter Consolidated Schools**

## For all student trips (excluding regular season athletic trips)

Name of Person Making Request						
Phone Number of Person Making Request						
Purpose of Trip						
Destination	Date(s) of Trip					

STUDENT INFORMATION –List of students must be submitted to building Principal when trip is planned. Trip sponsor and building Principal are <u>both</u> responsible for checking eligibility status of each student. Final list of students including sponsors/adults must be emailed to building staff prior to trip.

Overnight Trip? \_\_\_\_Yes \_\_\_\_No - NOTE—if checked Yes, then you must have both a male and female chaperone traveling if the group is co-ed. If group is non-coed, chaperone must be of the same sex as the group.

Total Number of Students Traveling	Total Number of Adults Traveling
Number of Male Students	Name of Male Chaperone
Number of Female Students	Name of Female Chaperone
Eligibility CheckedYesNo	
Do all students have Medical Releases on file?	YesNo

NOTE—if checked NO, then you must obtain medical releases for all students prior to the trip.

FUNDING FOR TRIP – All trip expenditures must be paid through a designated school account. If participants must pay part of the expenses, money must be deposited in the school account and then paid for with a School Purchase Order or P-Card. Expenses are <u>not</u> to be paid directly by staff, chaperones, or students. All funds necessary to cover the cost of the trip must be in the designated school account no later than 4 weeks prior to the trip.

Funding Source/Account		
Estimated Cost of Trip –	Travel	
	Hotel	
	Meals	
	Other Expenses	
	Total Cost	
Are funds currently available i	in your account? Yes No	
If No, when will funds be avail	lable?	
If No, what is being done to ra	aise the funds?	
NOTE—All fundraisers	s must be approved in advance by the Athletic/Acti	ivity Director.

# HOTEL ACCOMMODATIONS (if applicable)—copy of hotel confirmation numbers must be submitted to the building principal prior to the trip.

Name of Hotel	
Phone number of Hotel	Number of Rooms Reserved
Name of Person(s) Rooms are Reserved Under	

#### TRAVEL ACCOMMODATIONS (if applicable) – Please turn in itinerary to building Principal prior to trip.

School Car	Rental Car	(rental car drivers must be school approved activity drivers)	
School Bus	Airline	Other	
Airline Information (if a	applicable)		
Airline		Departing From	Arriving At
Flight Number		Departure Time	Arrival Time
Airline		Departing From	Arriving At
Flight Number		Departure Time	Arrival Time
Airline		Departing From	Arriving At
Flight Number		Departure Time	Arrival Time
Airline		Departing From	Arriving At
Flight Number		Departure Time	Arrival Time

APPROVAL FOR TRIP – All trips must be approved by the building Principal a minimum of <u>4 weeks</u> prior to the trip.

Is the trip \_\_\_\_\_ In-State or \_\_\_\_\_ Out of State?

**NOTE**—If Out of State, School Board approval is required. You must provide a <u>written request</u> (including date of trip, destination, purpose of trip, number of students, and number of adults) to <u>both</u> the Superintendent's office and the building Principal <u>4 weeks</u> prior to a regular School Board meeting so that the trip is included on the next Board meeting agenda.

Sponsor

Date

Principal or Activity/Athletic Director Approval

Date

Principal's Office retains original signed copy. Signed copy is given to Trip Sponsor. Signed copy is sent to Superintendent's Office.