

*Principal Approval Required 30 Days Prior to Trip.  
An approved copy of this form must be attached to the School Activity Trip Plan Form.*

1. School Name: \_\_\_\_\_
2. Teacher(s) Making Trip Request:
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
3. Participating Classes or Group(s): \_\_\_\_\_
4. Approximate Participant Number: \_\_\_\_\_
5. Provisions made for needy students? (circle)      Yes                  No
6. Number of Chaperones: \_\_\_\_\_
7. Destination: \_\_\_\_\_
8. Approximate Cost per Student: \$ \_\_\_\_\_
9. Mode of Transportation: \_\_\_\_\_
10. Transportation Funded by: \_\_\_\_\_
11. Complete Appropriate Section Below (A or B):

***Section A: Day Trips Only ~***  
Date of Proposed Trip: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Circle Day of Week: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

***Section B: Overnight Trips Only ~***  
Dates of Proposed Trip: Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending \_\_\_\_/\_\_\_\_/\_\_\_\_  
Circle Day of Week: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

12. Curriculum Objectives & Trip Purpose:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***This Section is for Principals Use Only.  
This request is hereby:***

\_\_\_\_\_  
***Approved***  
Principal's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
***Unapproved***  
Principal's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_