

# SUNMAN-DEARBORN COMMUNITY SCHOOLS

## REQUEST FOR APPROVAL AND TRANSPORTATION FOR OVERNIGHT FIELD TRIP

This form is to be filled out in duplicate and submitted to the Board through the Principal and Superintendent for their consideration at the regular school board meeting which falls at least 30 days prior to the date of the proposed activity. (Principal submits copies to superintendent's office and transportation coordinator)

SCHOOL: *East Central High School* DATE OF REQUEST: \_\_\_\_\_

NAME OF TEACHER(S): \_\_\_\_\_

CLASS OR GROUP: \_\_\_\_\_

For transportation to: EVENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE & TIME OF DEPARTURE: \_\_\_\_\_ PLACE OF DEPARTURE: \_\_\_\_\_

DATE & TIME OF RETURN: \_\_\_\_\_ PLACE OF RETURN: \_\_\_\_\_

NUMBER OF STUDENTS: \_\_\_\_\_ GRADE LEVEL(S): \_\_\_\_\_

TOTAL NUMBER OF BUSES NEEDED: \_\_\_\_\_

NUMBER OF CORPORATION OWNED BUSES NEEDED: \_\_\_\_\_

COST PER PUPIL AND METHOD OF FINANCING: \_\_\_\_\_

ARRANGEMENTS FOR MEALS AND LODGING: \_\_\_\_\_

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NAMES OF ADULT CHAPARONES (one-to-ten ratio recommended, attach list if needed) \_\_\_\_\_

\_\_\_\_\_

PLANS FOR EMERGENCIES: \_\_\_\_\_

PLANS FOR INCLEMENT WEATHER: \_\_\_\_\_

HAS PARENTAL PERMISSION BEEN RECEIVED FOR EACH STUDENT? \_\_\_\_\_

PLANS FOR LIABILITY AND ACCIDENT INSURANCE: \_\_\_\_\_

1. Please attach specific itinerary for trip.

2. List objectives of proposed trip and the anticipated learning outcomes to be derived from the trip.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I recommend that this trip be: \_\_\_\_\_ Disapproved.

\_\_\_\_\_ Approved with the following conditions:

\_\_\_\_\_ Bus and driver provided by the Corporation.

\_\_\_\_\_ Bus provided by the corporation and the driver paid for by the sponsoring organization.

\_\_\_\_\_ Bus costs and driver paid for by the sponsoring organization.

\_\_\_\_\_ Other approved transportation used.

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_ Approved/Disapproved \_\_\_\_\_  
Date President's Signature  
Board of School Trustees

COMMENTS:

**Driver's Pay:** Sponsoring organization or school will be billed for driver's pay at a rate of \$9.25 per hour. In the case of overnight trips, the hourly rate may be adjusted by mutual agreement of the sponsor and the driver. Make check payable directly to the driver.