

# REQUEST FOR APPROVAL OF SCHOOL FIELD TRIPS

**School Name:**

Tracking Number:

1. Name of Faculty Sponsor:  

2. Trip Type:  Curricular  Co-curricular/Extracurricular  Other 3. Number of Students:

4. Classes/Groups Participating:

5. Trip Requirements:

Standards	
Correlated Objectives	
Pre Activities	
Post Activities	

6. Estimated Departure: Date:  Time:  Location:

7. Itinerary: *Provide trip itinerary, travel mode arrangements, mileage and lodging information with address and telephone numbers.*

8. Trip Sponsor Cell Phone Number(s):

9. Estimated Return: Date:  Time:  Location:

10. Names and Cell Phone Numbers of Chaperones:

11. Student to Adult Ratio: Students:  To Adults:  Number of Adults:

12. Estimated Cost per Student: Entrance Fees:  Food:  Lodging:  Other:  Total:

**Note:** *Appropriated funds cannot be used to pay student's costs for school sponsored trips.*

Funding Type:  Parents  PTO  Booster Club  Student Activity Fund  Other

13. Substitutes Required (how many and for which dates):

**Emergency Information**

Trip Sponsor must have an Emergency Information Packet that includes:

- \* Emergency Notification Procedures with contact information
- \* Student roster with emergency contact information
- \* Special medical concerns such as allergies
- \* Medical Power of Attorney for each student

Know the Hotel Fire Escape Routes & Emergency Action Plan  
Establish an Evacuation Point to assemble near the hotel

**Security Measures:**

- All adults participating are required to complete AT Level I training <https://atlevel1.dtic.mil/at/>
- Adult to student ratio = Grades K-6 = 1 adult to 6 students
- Adult to student ratio = Grades 7-12 = 1 adult to 10 students
- Students must be chaperoned at all times
- Advise participants not to bring valuables with them
- School must keep a copy of the trip request and the Emergency Information Packet
- DSO must keep a copy of the trip request and the Emergency Information Packet

14. I am applying to take students on the study trip as detailed above. I understand that I have the primary responsibility for assuring that the study trip is safely and effectively conducted.

Date:  (Date Signed)

Faculty Sponsor's Signature:

**TO BE COMPLETED BY SCHOOL ADMINISTRATORS**

15. Approximate DDESS Transportation Costs:

**Local/Day Trips**

16. Principal's Approval:  Approved  Disapproved

Approved with the following conditions:

Date:  Principal's Signature:

**District Office Signature**

Approved  Disapproved

**Overnight Field Trips**

NOTE: For overnight study trips, sign below and forward to Community Superintendent who will forward to District Superintendent.

17. Principal's Endorsement: I have reviewed this study trip request and recommend it as a well-planned and desirable activity.

Date:  Principal's Signature:

18. Field Office Endorsement: I have reviewed this study trip request and it is:  Approved  Disapproved

Approved with the following conditions:

Date:  Community Superintendent Signature:

19. District Office: I have reviewed this study trip request and it is:  Approved  Disapproved

Approved with the following conditions:

Date:  District Superintendent Signature: