

Academic Contest Trip Request Form
Use for overnight or out of state trips.

Advisor: _____ Activity: _____

Dates of Trip: _____ Request Date: _____

Event: _____ Location: _____

Number of Students: _____ Number of Staff/Chaperones: _____

District Cost: _____ Funded by: _____

Cost to Student: _____ Funded by: _____

Means of Transportation: _____

Number of School Days Missed: _____

Provisions:

1. The Board of Education meets the second Tuesday of every month. The trip must be approved by the board prior to the scheduled trip.
2. Advisor must obtain all applicable permission/release forms from each participant prior to leaving the school district for the event. A copy of each student's Emergency Medical Form must be in the possession of the advisor throughout the duration of the trip.

Trip Approval: _____ Date: _____
Advisor

_____ Date: _____
Principal

_____ Date: _____
Superintendent

Approved by Board of Education on: _____