

**FIELD TRIP**  
**BOARD APPROVAL**  
**OVERNIGHT AND OUT-OF-STATE**  
(Refer to Policy 2320P)

**ATTACH TO THE TRAVEL REQUEST FORM**

1. School \_\_\_\_\_
2. Class or Activity \_\_\_\_\_
3. Teacher/Advisor/Lead Chaperone \_\_\_\_\_
4. Destination \_\_\_\_\_
5. Departure Date & Time \_\_\_\_\_ 6. Return Date & Time \_\_\_\_\_
7. Purpose of Trip/Relation to Curricular or Co-Curricular Activities \_\_\_\_\_  
\_\_\_\_\_
8. Activity \_\_\_\_\_
9. Method of Travel  School Bus  
 School Auto/Van  
 Private Vehicle - Adult Driver  
 Chartered Vehicle (Must be arranged by district Transportation Office.)

**If district bus or van, please attach a transportation request form**

0. Place of Lodging/Arrangements \_\_\_\_\_
1. Number of students \_\_\_\_\_ 12. Number of chaperones \_\_\_\_\_
3. Names of other staff chaperones \_\_\_\_\_
4. Names of non-staff chaperones \_\_\_\_\_
5. Costs: Lodging \_\_\_\_\_ Travel \_\_\_\_\_ Meals \_\_\_\_\_  
Registration \_\_\_\_\_ Miscellaneous \_\_\_\_\_
6. Funding Source:  ASB  PTA  Other  
 Lump Sum Budget  Student Fees/Amount p/Student \_\_\_\_\_

**The teacher/advisor submitting this form agrees to follow all procedures outlined in Policy 2320 and related procedures.**

\_\_\_\_\_  
Teacher/Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Superintendent, Approval

\_\_\_\_\_  
Date

**DATE OF BOARD APPROVAL:** \_\_\_\_\_