



TRIP REQUEST ~ CO-CURRICULAR/EXTRA-CURRICULAR

Advisor _____ Group _____

Date of Request _____ Date of Trip _____

Destination Name _____

Destination Address _____

Purpose of Trip _____

Departure Time _____ Return _____

District Cost _____ How Funded _____

Student Cost _____ How Paid _____

Means of Transportation _____

Wheel Chair Accessible Bus Needed? ☐

No. of Staff _____ No. of Students _____ No. of Chaperones _____

Trip Approved: ☐

Trip Disapproved: ☐

Principal/Admin: _____
Signature Date

Transportation Google Form Completed: ☐

Date Completed: _____

Certification

This is to certify that this trip, as requested, is in conformity with the administrative guidelines established by the District as well as any applicable State regulations.

Date: _____ Signature: _____ Superintendent

For overnight or extended trips, the staff member in charge will have a COMPLETED EMERGENCY MEDICAL FORM for each student on the trip or ability to access same from Powerschool.