

APPLICATION FOR STUDENT TRAVEL

In accordance with Board Policy #6145.6, before any plans are made with students and parents, **(A)** this application is to be completed, **(B)** approved by the building administrator and **(C)** all copies scanned & emailed, faxed OR sent to the Executive Administrator of Schools Office. The Student Travel Committee will scan and email back an electronic signed copy indicating action taken.

School: _____ Date submitting: _____

Student Group Traveling: _____ Destination: _____

Depart Date & Time: _____ Return Date & Time: _____

Number of School Days Missed: _____

Will this trip require loss of instruction from classes other than your own?

YES: _____ NO: _____ Please specify: _____

Agency's Handling Arrangements for this Trip: _____

Agency's Address: _____

Attach an **(1) OFF-SITE LEARNING PROPOSAL (ST)** describing education purpose and value. **(2)** Complete this form. **Include: (3)** Conference Leave Form **(4)** hotel accommodations; name, address & phone number **(5)** an emergency facility contact/cell number **(6)** itineraries, additional information and/or brochures describing proposed trip **(7)** Charter bus contract including **(TWO)** bids or other transportation plans.

What transportation plans are being formulated? _____

Estimated cost per student: _____ Number of students attending: _____ Estimated cost per chaperone: _____

Estimated Total Cost: _____
(Check which one applies)

___ trip costing under \$3,500 – no action required
___ trip costing \$3,500 - \$10,000 Will need (2) quotes ATTACHED
___ trip costing \$10,000 - \$24,924 will need Formal Written Quote done by the Purchasing Dept.
___ trip costing \$24,924 or more will need Formal Written Bid done by the Purchasing Dept.

How are you raising the funds?: _____

Check type of insurance being provided to protect the welfare of the students and the financial liability of the school system. (Attach proof, with UCS displayed, to this form.)

_____ Certificate of Participation _____ Proof of Bond

Faculty Sponsor Signature: _____ Date: _____ Phone: _____

Bldg. Adm. Signature: _____ Date: _____

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STUDENT TRAVEL COMMITTEE ACTION

DATE TRIP APPROVED: _____ DATE TRIP DENIED: _____

Travel Committee Chairperson Signature

Non-School Sponsored: _____