

**JEFFERSON COUNTY SCHOOLS  
OVERNIGHT FIELD TRIP APPROVAL FORM**

**Policy 4.302**

**This form is to be used for approval of all overnight field trips. Please attach a professional leave request form for each teacher needing a substitute.**

School \_\_\_\_\_

Group (grade, subject, organization) \_\_\_\_\_

Number of Students \_\_\_\_\_ Number of Adults \_\_\_\_\_

Event and Destination \_\_\_\_\_

Departure: Date \_\_\_\_\_ Day of Week \_\_\_\_\_ Time \_\_\_\_\_

Detailed itinerary, including daily curfew, must be attached.

Return: Date \_\_\_\_\_ Day of Week \_\_\_\_\_ Time \_\_\_\_\_

Transportation: Parents provide \_\_\_\_\_ School makes arrangements \_\_\_\_\_

If school arranges transportation, indicate type of vehicle:

School Bus \_\_\_\_\_ Commercial Carrier \_\_\_\_\_ Private Vehicle \_\_\_\_\_

If private vehicle, school employee making arrangements has informed drivers of their personal liability. \_\_\_\_\_

Names of adults who will supervise students on trip. Check drivers of private vehicles. Attach list if necessary.

School Employees	Drivers	Adult Volunteers	Drivers
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List ratio of sponsors to students (minimum of 1-15) \_\_\_\_\_

Overnight Field Trip Request

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Cost: Admission (per pupil) \_\_\_\_\_ Transportation (per pupil) \_\_\_\_\_ Other (per pupil) \_\_\_\_\_

How will these costs be defrayed? \_\_\_\_\_

Statement of rules and disciplinary consequences attached? \_\_\_ Yes

Will chaperones room with students? \_\_\_ Yes \_\_\_ No. If no, why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of trip (related to curriculum or program objectives) \_\_\_\_\_

\_\_\_\_\_

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**TEACHER REQUESTING TRIP - SUBMIT TO PRINCIPAL 15 WORK DAYS PRIOR TO TRIP.**

Requested by: \_\_\_\_\_ Date submitted to principal: \_\_\_\_\_

Have you made arrangements for students with special needs (lift bus, feeding, toileting, etc.)? Yes \_\_\_ None needed \_\_\_

Will you file parent permission slips before departing? Yes \_\_\_

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**PRINCIPAL - FORWARD ALL COPIES TO DIRECTOR OF SCHOOLS 10 WORK DAYS PRIOR TO TRIP.**

APPROVED BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

Is substitute teacher needed:

Yes \_\_\_ No \_\_\_ If yes, how many? \_\_\_ For how many days each? \_\_\_\_\_

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**DIRECTOR OF SCHOOLS - OVERNIGHT REQUEST FOR BOARD ACTION**

APPROVED \_\_\_\_\_ DATE APPROVED \_\_\_\_\_