

**CODE: IJOA-E**

**REQUEST FOR OVERNIGHT STUDENT TRAVEL**

Request for overnight field trips first must be submitted to the building principal, then to the Superintendent. Requests must receive Concept Approval by the School Committee before the expenditure of funds and at least one month prior to the trip. At least two weeks prior to the trip, the request must receive Final Approval by the School Committee. In extenuating circumstances, the Superintendent may waive the one-month requirement.

Name of Group, Team or Organization	
Date Submitted to Principal	
Destination	
Date(s) of Trip	
Purpose	
Method of Transportation	
Travel Agency/Address	
<i>COST PER PERSON - Transportation</i>	
<i>COST PER PERSON- Lodging</i>	
<i>COST PER PERSON - Meals (if not included in lodging)</i>	
<i>COST PER PERSON - Insurance</i>	
<i>COST PER PERSON – Other Expenditures (itemize)</i>	
<b>TOTAL COST FOR GROUP</b>	
COST to Kittery School Department	
Principals Signature/Date	
Supt.'s Signature/Date	
KSC Concept Approval/Denial Date	
KSC Final Approval Date	
Names of Sponsors and Chaperones	

Goals and Objectives for the Trip	
Activities Planned for and on the Trip: (please list activity, day it will take place, and time of activity)	
Number of days of class missed	
Have parents and students been notified of academic standing needed for eligibility? If so, how?	
Number of students participating in this Trip	
Agency or person responsible for collection of money for the trip	
Is the agency or person bonded?	
Plans for advertising the trip	
<i>PLEASE INCLUDE WITH THIS APPLICATION ALL BROCHURES, ITINERARY, AND INFORMATION RELATING TO THE TRIP. ATTACH ALL MATERIAL TO THIS APPLICATION.</i>	
Financial Benefits to Chaperones (if any)	
Date of meeting with parent of the students who are going on the trip	
Place and Time	
Have parental permission forms been sent out?	
Date parental permission forms were sent	
What plans have been made for accidents which might occur on the trip? (Hospital, Doctor, etc.)	
What accident/liability plan will be in effect for participants on the trip?	

**PLEASE COMPLETE THE FOLLOWING LISTING THE NAMES, HOME ADDRESSES, TELEPHONE NUMBERS, INSURANCE COVERAGE, AND ROOM ASSIGNMENTS OF THE STUDENTS AND CHAPERONES PARTICIPATING IN THE TRIP.**

Name, Address, Telephone		Insurance		Room Assign	
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Adopted: June 1986  
 Revised: July 6, 1994, May 6, 1997  
 PC Reviewed: Nov. 11, 2013