

Overnight Educational Trip Request Form

All overnight trips are to be planned well in advance and approved BEFORE they are taken.

All trips are to be planned in accordance with Union Code Number 1230.

School _____ Date making request _____

Teacher(s) _____ Group _____

Type of Trip _____ Trip Date/Leave & Return _____

Destination _____

Sponsors _____

Transportation to be used _____

Insurance coverage by _____ (Attach copy of policy)

Type of activities planned _____

Daily Schedule (Please attach)

Teacher Signature _____ Date _____

Principal Signature _____ Date _____

School Board Chair Signature _____ Date _____

Conference Superintendent Signature _____ Date _____