

SPECIAL EVENTS/TRIPS REQUEST
(Please circle one)

ALL BLANKS MUST BE COMPLETED

Date _____

School _____

Teacher/Employee Requesting Trip _____
Signature

Type of Trip _____

Destination (include city/state) _____

Date and Duration of Trip _____

Number of Students Involved _____

Mode of Transportation _____

Cost of Trip _____

**Funding Source _____

Travel or Booking Agent: Yes ___ No ___ If yes, provide name of agency and adequate proof of insurance and bonding capacity **(Attach proof)**.

Responsible Person(s) _____

Purpose of Trip _____

I recommend approval of this trip. _____
Principal's Signature

***Special Education Director must sign if IDEA funded.**

For Office Use

____ Approve ____ Disapprove _____
Special Education Director

____ Approve ____ Disapprove _____
Area Director's Signature

____ Approve ____ Disapprove _____
Chief Academic Officer/Chief Operations Officer

____ Approve ____ Disapprove _____
Superintendent