OVERNIGHT FIELD TRIP REQUEST FORM

This form must be completed AND approved at both the Education Committee Meeting AND the Regular School Board Meeting PRIOR TO the date of the trip. Contact the Assistant Superintendent's Office to verify meeting dates.

Originator - Complete by typing directly on form. Print form. Forward to Building Principal for approval.

INSTRUCTIONS:

Principal's Signature

Date

 Building Principal - Approve and forward to the Assistant Superintendent's Office for approval and inclusion on the Education Committee and School Board Meeting agendas. Once Request has been approved at the School Board Meeting, a copy will be returned to the Originator.
Requested by: Mr. Rick Berrott / Mr. Matt Magnusen Group: NHS School: Series High Destination: Disney/MAW Village
Purpose: Workat MAW Village, Disney Educational Tour, + Beauty + B
Person(s) Responsible for Activity: Magnusca + Berrota
Departure Date: 1/16 Time: Time: Time:
Number of Students Participating: Number of Students NOT Participating: Number of Days Absent from School: Have any of the participating students been on other approved trips throughout the year?
Cost of Trip (Per Person): ♣ \$\$\$\$ ~ ♣ 13.6 ○
Cost of Trip (Per Person): Student's Actual Cost:
How will money be raised to pay for the trip:
**
Please give a full explanation of the type of insurance coverage the student will have while participating in this activity. If there is no provision for insurance, all students participating must have their parent/guardian sign an insurance waiver form.
Insurance through Scholastiza Travel.
Method of Travel & Name of Commercial Agency:
Plane, Bus
Housing (Reservation, Address, Dates):
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Rhould 5/3/13 Date approved by Education Committee:

Date approved by School Board: