SCHOOL DISTRICT 2

EDUCATIONAL TRIPS – OVERNIGHT/DAY TRIPS

SCHOOL: _____ GRADE: _____

DESTINATION: _____

DEPARTURE DATE: _____

SCHOOL DAYS MISSED: _____ NUMBER OF STUDENTS: _____

METHOD OF TRANSPORTATION: _____

EDUCATIONAL PURPOSE OF THE TRIP: _____

_____

_____

BRIEF DESCRIPTION OF THE PLANNED ORIENTATION AND FOLLOW-UP

ACTIVITIES: _____

_____

METHOD OF FUNDING THE TRIP: _____

_____

_____

Copy of itinerary attached?	Yes	☐	No	☐
List of students attached?	Yes	☐	No	☐
List of chaperones attached? (teaching and non-teaching)	Yes	☐	No	☐
Parent consent obtained?	Yes	☐	No	☐

Information completed by: _____ Date: _____
Signature

Principal _____ Date: _____
Signature

Director of Education: _____ Date: _____
Signature