

TRIP APPROVAL FORM

- This form is to be completed by staff members who are taking students off school property for any reason.
- Form must be submitted to the School Principal a minimum of 14 days prior to the date of a same-day excursion and 20 days prior to an overnight excursion
- Copy of this form must be submitted to the SAU #7 office a minimum of 10 days prior to a same-day excursion and 14 days prior to an overnight excursion
- No forms will be accepted after May 5th for any excursion during the remaining weeks of the school year

School: <input type="checkbox"/> CA <input type="checkbox"/> CE <input type="checkbox"/> PI <input type="checkbox"/> ST		Class / Group:	
Submission Date:		Excursion Date:	
Rain Date:			
Teacher(s) / Advisor(s):			
Excursion Description:			
Destination / Place:			City/State:
# Students:		# Teachers:	# Chaperones:
Names of Chaperones: (Must be listed for Principal review / approval determination)			

Time Departing School:		Excursion Start Time:	
Excursion End Time:			
Length of time you expect to spend at destination:			
Transportation: <input type="checkbox"/> Walking <input type="checkbox"/> School Bus		<input type="checkbox"/> Train <input type="checkbox"/> Airplane <input type="checkbox"/> Cruise Ship	
Special Accommodations Needed:		<input type="checkbox"/> Bus Company (MUST HAVE SAU APPROVAL)	
<input type="checkbox"/> Wheelchair Lift		Name: _____	
<input type="checkbox"/> Other: _____		Amount Quoted: _____	
Is excursion grant related: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Grant Coordinator/Director/Manager's Signature & Date			
Signature: _____		Date: _____	
Principal's Signature: _____		Date: _____	
Method of Payment: <input type="checkbox"/> Student Activity Funds <input type="checkbox"/> School District Budget <input type="checkbox"/> Students		<input type="checkbox"/> Grant: (specify) _____	
		Total Activity Fees: _____	
***** FOR SAU OFFICE USE ONLY *****			
Total Passengers: _____		Size Bus Needed: <input type="checkbox"/> Large <input type="checkbox"/> Medium <input type="checkbox"/> Small	
Total Driving Time: _____		Total Waiting Time: _____	
Cost for Trip: Driver's Pay: _____		Fuel Cost: _____	
		Miscellaneous: _____	
Total Cost of Trip: _____			