



Date Submitted to Principal: _____

Forward Thinking, High Achieving.

TRAVEL REQUEST FORM

Teacher: _____ School: _____ Course: _____

Departure/return dates: _____ Destination: _____

Number of school days impacted: _____ Rationale for taking trip during school:

Purpose of trip (attach additional pages if necessary):

Itinerary (stops/schedule):

Vendor/program provider: _____

Has this vendor/program been used by this group in the past? _____

Mode of transportation: _____ **Cost of transportation:** _____

Number of students traveling: _____ **Adult/student ratio:** _____

Total cost of trip: _____ **Cost to each student:** _____

Is fundraising available? _____ **List fundraising opportunities:**

How are teacher travel expenses funded? _____

Due date for permission slips, prearranged absence, and code of conduct forms: _____

Names of adults accompanying the group:

Relationship to group (teacher, parent, etc.):

Safety precautions to be implemented and emergency protocol:

Name of the individual going on the trip who holds a valid American Red Cross Standard First Aid card or equivalent certification (REQUIRED FOR ALL TRIPS)

This field trip is an extension of: _____

(subject)

(unit or project)

Learning objectives (include MCPS content standards addressed - attach additional pages if necessary):

Follow-up activities back in the classroom:

***Field trips of a distance exceeding 400 miles (one way) require principal and superintendent/designee approval at least 60 days in advance. Students earning the right to travel for competitions with less than 60 days notice will receive special consideration.**

***Travel outside of the country requires principal, superintendent/designee, and Board of Trustees approval at least 6 months in advance.**

***All other field trips require principal approval.**

(Principal Approval)

Date:

(Superintendent/Assistant Superintendent Approval)

Date:

(School Board Trustee Approval)

Date: