

OUT-OF-STATE OR OVERNIGHT FIELD TRIPS (P/R 5144.1)

All requests must be received by the superintendent's office at least two (2) weeks prior to trip.

This section is to be completed by teacher, advisor, or coach.

Teacher/Advisor/Coach Name: _____ Date: _____

School Name: _____ Number of Students: _____ Adults: _____

Class/Team/Club: _____ Name of Chaperones: _____
(see R1520.0)

Teacher/Advisor/Coach Cell Phone: _____

Date(s) of Trip: _____ Request for: bus van both

List Activity (i.e. attend play, athletic camp, etc.): _____ Name of Second Driver (if needed): _____

Parent permission on file prior to trip? Yes No Itinerary is complete (places/times) and attached? Yes No

Destination/Event Name: _____ Hotel Name: _____

Destination Physical Address: _____ Hotel Physical Address: _____

Destination City and State: _____ Hotel City and State: _____

Destination Phone Number: _____ Hotel Phone Number: _____
(Physical Location Not Reservation)

Signature of Teacher/Advisor/Coach Date

This section is to be completed by school principal.

Trip Funded By: Students
(Check all that apply.) Class/Club/Team
 School Budget
 District Budget

Completed and approved form must be received by the Transportation Department at least ten (10) working days prior to departure date.

Recommended Approval Yes No _____
Principal Approval Signature Date

If District budget is involved, please list amount(s) requested and intended use of funds (e.g. transportation, per diem, registration fees, substitute teacher costs, etc.) All expenses not requested and approved will be charged to specific school budget.

This section is to be completed by superintendent.

Remarks: _____ Date Request Received _____

Approval Granted: Yes No

Superintendent Approval Signature Date

- cc: Director of Business Office
- Director of Transportation
- Principal
- Teacher/Advisor

**CHURCHILL COUNTY SCHOOL DISTRICT
OUT-OF-STATE or OVERNIGHT FIELD TRIP ITINERARY
(Must accompany trip request.)**

Teacher/Advisor/Coach Name Mrs. Doe	Destination Reno
Group Group Name	Dates of trip 2/29/16-2/30/16

Sample

Date	Time	Depart or Arrive	Location (name, address & phone #)	Event	Notes
2/29/16	7:00 am	depart	CCHS at flag pole	depart CCHS to Reno Event Center	
2/29/16	8:15 am	arrive	Reno Event Center	check in at registration counter	
2/29/16	8:30 am		Reno Event Center	set up shows and display at Reno Event Center (west wing)	
2/29/16	12:00 pm		meet at food court Reno Event Center	eat lunch	
2/29/16	1:00 pm		return to show (west wing)		
2/29/16	5:00 pm		meet at main entrance to load bus		
2/29/16	5:15 pm	depart	Reno Event Center		
2/29/16	5:45 pm	arrive	Steakhouse Diner , 1000 Reno DR, Reno	eat dinner	
2/29/16	6:30 pm	depart		to hotel	
2/29/16	7:15 pm	arrive	Hotel Name, Address and phone would go here	check in at registration	
2/29/16	9:00 pm			lights out	
2/30/16	7:00 am		Hotel lounge	meet at lounge	
2/30/16	7:15 am	depart	Hotel	to Reno Event Center	
2/30/16	7:45 am	arrive	Reno Event Center	show	
2/30/16	12:00 pm		meet at food court Reno Event Center;		
2/30/16	1:00 pm		return to show (west wing)		
2/30/16	5:00 pm		meet at main entrance to load bus		
2/30/16	5:15 pm	depart			
2/30/16	6:30	arrive	CCHS	meet parents and go home	

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Group	Dates of trip

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