

## SCHOOL-SPONSORED TRIPS AND STUDENT TRAVEL

School: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_ Position: \_\_\_\_\_

### I. Trip Information:

Check (✓) one:

- Day Academic Field Trip -  In-state  Out-of-state Destination: \_\_\_\_\_
- Day Extracurricular Trip -  In-state  Out-of-state  International Destination: \_\_\_\_\_
- Athletics - Sport: \_\_\_\_\_
- Overnight Trip - In-state -  Academic  Extracurricular - Destination: \_\_\_\_\_
- Out-of-State/Domestic Day Trip -  Academic  Extracurricular - Destination: \_\_\_\_\_
- Out-of-State/Domestic Overnight Trip -  Academic  Extracurricular - Destination: \_\_\_\_\_
- International Trip (*extracurricular only*) - Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Number of Students Eligible: \_\_\_\_\_ Class/Group: \_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_

Other Faculty/Staff chaperones: \_\_\_\_\_

Other chaperones: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_ Number: \_\_\_\_\_

Airlines/Flight/Ground Transportation: \_\_\_\_\_

### II. Estimated Expenses

1. Transportation Cost:	6. Financial Assistance Available?	Yes	No
2. Admission Charges:	7. Other Sources of Funding?	Yes	No
3. Lodging & meals cost:	8. Amount Available: \$		
4. Other (specify):	9. Are Student Activity Funds being used?	Yes	No
5. Total student cost:	10. If yes, amount being used: \$		

### III. Attachments (please ✓, if attached)

1. Copy of Parent Letter with meeting date:	5. Travel Costs & Refund Policy:
2. Itinerary:	6. Travel Insurance Policy (if applicable): Cost:
3. Security features for transportation & accommodations:	7. Pre and Post Trip Activities:
4. Arrangements for meals and lodging:	8. Other Descriptive Information:
5. National Homeland Security Advisory:	

### IV. Approvals

Program Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
*(High School only)*

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Overnight, domestic (out-of-state) and international trips require approval from the Superintendent and the Andover School Committee.*

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Andover Committee Action:    Vote - Yes \_\_\_\_\_ No \_\_\_\_\_ Abstain \_\_\_\_\_    Date: \_\_\_\_\_