Department of Education

TRIP PLAN

A DETAILED ITINERARY MUST BE GIVEN TO THE PRINCIPAL AND ATTACHED TO THIS FORM

1. School: _____ Class(es) _____

2. Destination: No change permitted without new consent form and authorization
_____

3. Purpose of Trip: _____

4. Date(s) of Trip: _____

5. Time of Departure: _____ **6.** Time of Return _____

7. No. of Pupils to be Taken: _____ **8.** No. of Teachers: _____ No. of Other Adults: _____

9. Transportation Required:
Public _____ Name of Charter Bus Co. _____ Other _____

10. Departure Information (location and carrier): _____

11. Return Trip Information (location and carrier): _____

12. Free Transportation Passes Requested Yes _____ No _____

13. _____ Approved: _____
Teacher-in-Charge Principal

14. Name & Contact Information for Person/Company Who Arranged Travel Plans:
_____

15. Food and Lodging will be Provided by: _____

16. Address & Phone No. of Lodging _____

17. Has the school determined that the facility has adequate insurance consistent with the level of risk involved (e.g., sedentary trip as opposed to outdoor, physically active trip)?
Yes _____ No _____ If yes, attach a copy of the policy.

18. If swimming is involved, the school has determined that a lifeguard will be on duty at all times when students are in the water. Yes _____

OUT-OF-COUNTRY TRIPS

A. Are there any current travel warnings or advisories issued by the State Department? (www.cdc.gov; www.travel.state.gov) YES _____ NO _____
If yes, please explain: _____

B. Have you purchased Medical Insurance for each day of an out-of-country trip?
YES _____ NO _____ (attach copy of policy.)

C. Is medical preclearance required? YES _____ NO _____
If YES, attach a copy of the medical form for each student.

D. Does each student and staff member have the appropriate documentation necessary for travel to the country/countries being visited and for return to the United States? YES _____ NO _____

E. Copies of all students' passports shall be maintained by the Trip Coordinator.

F. At least one staff member accompanying the students must have a phone with international service.
Name of staff member: _____
Telephone number: _____

I CERTIFY THAT ALL REQUIREMENTS OF CHANCELLOR'S REGULATION A-670 THAT RELATE TO THIS TRIP HAVE BEEN FULFILLED.

19. APPROVED _____ DATE _____
Principal

20. APPROVED* _____ DATE _____
Superintendent

* The appropriate Superintendent must approve international trips. If there are travel advisories for the country/countries the students will be visiting, the Superintendent must consult with the Deputy Senior Supervising Superintendent prior to making a determination whether to approve the trip.