

DDESS REQUEST FOR APPROVAL OF SCHOOL SPONSORED TRIPS AND EXCURSIONS

School Name:

Tracking Number:

1. Name of Faculty Sponsor: TDY Yes No

2. Trip Type: Curricular Co-curricular/Extracurricular Other **3. Number of Students:**

4. Classes/Groups Participating:

5. Trip Objectives:
(Educational Standards)

6. Estimated Departure: Date: Time: Location:

7. Itinerary: *Provide trip itinerary, travel mode arrangements and lodging information with address and telephone numbers.*

8. Trip Sponsor Cell Phone Number(s):

9. Estimated Return: Date: Time: Location:

10. Names and Cell Phone Numbers of Chaperones:

11. Student to Adult Ratio: Students: To Adults:

12. Estimated Cost per Student: Entrance Fees: Food: Lodging: Other: Total:

Note: *Appropriated funds cannot be used to pay student's costs for school sponsored trips.*

Funding Type: Parents PTO Booster Club Student Activity Fund Other

13. Substitutes Required (how many and for which dates):

Emergency Information

Trip Sponsor must have an Emergency Information Packet that includes:

- * Emergency Notification Procedures with contact information
- * Student roster with emergency contact information
- * Special medical concerns such as allergies
- * Medical Power of Attorney for each student

Know the Hotel Fire Escape Routes & Emergency Action Plan
Establish an Evacuation Point to assemble near the hotel

Security Measures:

- All adults participating are required to complete AT Level I training <https://atlevel1.dtic.mil/at/>
- Adult to student ratio = Grades K-6 = 1 adult to 6 students
- Adult to student ratio = Grades 7-12 = 1 adult to 10 students
- Students must be chaperoned at all times
- Advise participants not to bring valuables with them
- School must keep a copy of the trip request and the Emergency Information Packet
- DSO must keep a copy of the trip request and the Emergency Information Packet

14. I am applying to take students on the study trip as detailed above. I understand that I have the primary responsibility for assuring that the study trip is safely and effectively conducted.

Date:

Faculty Sponsor's Signature:

TO BE COMPLETED BY SCHOOL ADMINISTRATORS

15. Approximate DDESS Transportation Costs:

Local/Day Trips

16. Principal's Approval: Approved Disapproved

Approved with the following conditions:

District ISS Coordination

Approved Disapproved

Date:

Principal's Signature:

Overnight Field Trips

NOTE: For overnight study trips, sign below and forward to superintendent and then to the ASC.

17. Principal's Endorsement: I have reviewed this study trip request and recommend it as a well-planned and desirable activity.

Date:

Principal's Signature:

18. DSO Endorsement: I have reviewed this study trip request and it is: Approved Disapproved

Approved with the following conditions:

Date:

DSO Signature:

19. DDESS ASC Decision: I have reviewed this study trip request and it is: Approved Disapproved

Approved with the following conditions:

Date:

ASC Signature: