

# 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: