



STUDENT OVERNIGHT TRAVEL PACKET

THIS PACKET IS TO BE COMPLETED WHEN PROPOSED ACTIVITIES WILL REQUIRE STUDENTS TO BE AWAY FROM HOME OVERNIGHT. THE FORM MUST BE SUBMITTED WITH THE ITINERARY TO THE DISTRICT OFFICE WITHIN THE TIMEFRAME LISTED BELOW. PLEASE ANSWER ALL QUESTIONS.

TRIP SPECIFICATIONS	WHEN TO SUBMIT PAPERWORK
IN STATE OVERNIGHT	6 WEEKS PRIOR TO TRAVEL DATE
OUT OF STATE OVERNIGHT	12 WEEKS PRIOR TO TRAVEL DATE
WILDERNESS/ADVENTURE	12 WEEKS PRIOR TO TRAVEL DATE
INTERNATIONAL	6 MONTHS PRIOR TO TRAVEL DATE

Requested by: _____ Contact number of Requester: _____

Club/Group Name: _____ Dept./Building: _____

Grade Levels on trip: _____ Total Number of Travelers: _____

Student to Chaperone Ratio: (Preferred Ratios - Elementary 5:1, Secondary 10:1) _____

Date of Departure: _____ Date of Return: _____

Travel Destination: _____

Event Venue Information (please list specific venue locations for event, NOT LODGING, ie: Convention Center, High School, Fairgrounds etc.)

Will substitutes be needed: Yes No

Is this field trip a Curricular Field Trip or a Non-Curricular Field Trip? (A Curricular Field Trip is correlated with the district's adopted instructional program and is not beyond 100 miles of the Oregon border. If the trip does not fit these parameters, it is not a Curricular Field Trip.)

☐ Curricular Field Trip

☐ Non-Curricular Field Trip

Which field trip specifications are being requested?

☐ Overnight Field Trip in the State of Oregon

☐ Wilderness/Adventure Field Trip

☐ Out of State Field Trip

☐ International Field Trip

If this field trip is out of state, has a formal invitation to participate in the activity been received?

☐ Yes, I will send the formal invitation to lindsey.hart@albany.k12.or.us

☐ No

Cost for Registration/Entry Fees (Does the field trip event have registration or entry fees? How are these going to be paid?)

☐ Fundraising

☐ Doesn't Apply

☐ Student Account

☐ Other: _____

Cost for Meals (Please indicate all that apply. If requiring students to provide their own meals from home and the trip is overnight, this may not be appropriate and the District Office may require meals to come out of the Fundraising or Student Account that is paying for the trip.)

- ☐ Fundraising ☐ Student Account ☐ Students are bringing their own money for meals
- ☐ Doesn't Apply ☐ Other: _____

Cost for Lodging

- ☐ Fundraising ☐ Doesn't Apply
- ☐ Student Account
- ☐ Other: _____

Trip Lodging Information

(please include location name, address and telephone number)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Cost for Transportation (airfare, shuttle, train, bus, etc.)

- ☐ Fundraising ☐ Doesn't Apply
- ☐ Student Account
- ☐ Other: _____

Trip Transportation Arrangements

(select all that apply)

- ☐ School Bus ☐ Activity Bus ☐ Charter Bus
- ☐ Airplane ☐ Vehicle ☐ Train
- ☐ Other _____

Cost for Mileage (Costs for mileage to airport, train station etc. Current mileage rate is 0.655 per mile)

- ☐ Fundraising ☐ Doesn't Apply
- ☐ Student Account ☐ Other: _____

Miscellaneous Costs (baggage, parking, etc.)

- ☐ Fundraising ☐ Doesn't Apply
- ☐ Student Account ☐ Other: _____

Total Estimated Cost Per Person (This is before any fundraising, payments etc.) _____

Total Estimated Cost for the Trip (Please enter the total amount that you are estimating the trip will cost. This is the minimum amount that will be needed in order for this trip to occur): _____

What amount of the total cost will be covered by student? (If the total cost will be covered by fundraising by the student themselves or by other means where your school or your district aren't paying for the trip, please describe the plan to pay for the trip. What happens if a student can't participate in fundraising? If the student is expected to pay for a portion of the trip, what is your plan if they are unable to come up with the funds?)

Are there any fundraising activities planned? If so, how many fundraising activities are planned? Please outline a brief description of the fundraising activities (Fundraising must be done as a group and not just for those that need the financial assistance)

☐ Yes, we are planning on doing _____ fundraisers. Here are our fundraising activities: _____

☐ No fundraising activities are planned

Has your program/organization participated in a similar activity in the past? If so, when and is this an annual, semi-annual, bi-annual event?

☐ Yes, we have participated in this activity before. The last time we went was _____

☐ No, we have not participated in this activity before.

Is this trip the shortest distance possible for the educational experience or athletic competition desired? If not, please explain why this location is being requested.

☐ Yes

☐ No - Explanation: _____

If this is an educational field trip, what are the educational benefits of participating? (If this is an athletic field trip, please check the "Athletic Field Trip" box and move on to the next question)

☐ Athletic Field Trip

☐ Educational Field Trip – Educational benefits are: _____

How is the cost justified in relationship to the educational outcome goals? (If this is an athletic field trip, please check the "Athletic Field Trip" box and move on to the next question)

☐ Athletic Field Trip

☐ Educational Field Trip – Educational benefits are: _____

How will parents/guardians be informed of the trips expectations and itinerary?

How will you ensure that volunteers/chaperones participating with this trip are approved and registered volunteers within GAPS?

Does this activity involve loss of school time for students?

☐ Yes

☐ No

Is this activity planned during a period of time usually reserved for family activities?

☐ Yes (please select option below)

☐ Summer Break

☐ Winter Break

☐ Spring Break

☐ Other: _____

How will you know about a student's special medical needs and how will you address them?

Please read the below statement. Once complete, please print out this packet and sign.

I understand that submission of this packet does not guarantee approval. I have done due diligence in looking in the cost of this trip. I have entered the estimated costs per individual as well as the total costs for this trip. I am aware that the proposed activities which require students to be away from home overnight should be restricted to special circumstances. I am also aware that providing for the safety of the students and the maintenance of school standards must be assured before any trip can be given consideration. I will email all informational documents requested in this packet and I am also aware additional documentation may be requested prior to approval. The email that I am to send the additional documentation to is: lindsey.hart@albany.k12.or.us

☐ I have read and understand the Due Diligence statement

Requester's Signature: _____ [DATE] _____

School Administrator's Signature: _____ [DATE] _____

SEND PACKET TO LINDSEY HART AT THE DISTRICT OFFICE

-----This section to be filled out by the District Office -----

Level Director's Signature: _____ [DATE] _____

Superintendent Signature: _____ [DATE] _____

Risk Management Signature: _____ [DATE] _____