



# Traverse City Area Public Schools Student Field Trip Approval Request

Teacher:

School:

Class/Grade/Organization:

Departure Date/Time:

Return Date/Time:

Destination:

Number of school days students will be absent:

Trip Objective

Number of Students

Number of Staff

Number of Chaperones

Mode and carrier name of transportation: \_\_\_\_\_

- *If using commercial transportation, the certificate of liability insurance must be on file in the Business Office.*
- *15-passenger vans will not be used as a mode of transportation for Pre-K–12 students.*

### **Expenses**

Estimated cost per student \$ \_\_\_\_\_ Estimated cost to chaperones \$ \_\_\_\_\_

Source of funds \_\_\_\_\_

Scholarships will be available to students who cannot afford the trip.

TCAPS will not be responsible for any shortfalls of field trip expenses.

### **This trip is in compliance with Board Policies**

- #2340 Field & Other District Trips
- #8660 Transportation by Private Vehicle
- #8640 Transportation for Field & Other District Sponsored Trips
- #5341 Emergency Medical Authorization

- I acknowledge this trip may be cancelled at any time due to security issues.
- The trip itinerary may be changed at any time during the trip due to security issues.
- This will be communicated to parents and students by the trip manager from the onset of planning throughout the trip.

\_\_\_\_\_  
Trip Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Curriculum Signature  
*(required for out-of-district trips)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Superintendent Signature  
*(required for out-of-state trips, will then be sent to Board for final approval)*

\_\_\_\_\_  
Date