

Ann Arbor Public Schools
Field Trip Request and Approval Form
 For Secondary Schools

Please TYPE or PRINT information below - MUST HAVE SIGNATURE OF BUILDING ADMINISTRATOR in order for approval - then forward to Secondary Office with COVER MEMO for approval.

TRIP BASICS	Building: _____	Grade or Group: _____
	Today's Date: _____	Date(s) of Trip: _____
	Day Trip <input type="checkbox"/>	Overnight Trip <input type="checkbox"/> Staff Member's Name: _____
	Trip Destination: _____	
	Itinerary: _____	
	Purpose of Trip: _____	

ACCOMMODATIONS	Hotel/Sleeping Arrangements - Gender Separate	
	Name: _____	Telephone: _____
	Address: _____	
	Transportation Arrangements	
Name: _____	Telephone: _____	
Address: _____		

CHAPERONE	Ratio of Chaperones to Students: _____
	Names of Chaperones: _____
	NOTE: Must provide same sex chaperones and separate sleeping arrangements for overnight trips.

MEDICAL INFO	Medical Facility Name: _____	Staff with First Aid and/or CPR Training: _____
	Address: _____	
	Phone: _____	
	Special Considerations: _____	

FOREIGN TRAVEL	Policy states that the Principal must contact our insurance department and ascertain the State Department's "Determination of Risk" for that area. * <i>Phone the Business Services Office at 994-2250.</i> *	
	Date Checked: _____	PARENTS UNDERSTAND THAT the District reserves the right to cancel the trip up until the time of departure; it is strongly recommended parents take out the insurance policy offered by the travel company and, signed contracts are between the parent and the travel company.
	Reply: _____	
	Parent Meeting Dates: _____	
	COPY OF PARENT HANDOUTS ATTACHED <input type="checkbox"/>	
Parent Chaperones if trip continues w/o district sponsorship: _____		

The following have approved this field trip request:

Principal Signature	Date
Level Administrator Signature	Date
Deputy Superintendent (Out-Of-State/Overnight)	Date
Superintendent (Foreign Travel)	Date