REQUEST FORM FOR OVERNIGHT OR OUT-OF-STATE FIELD TRIPS

This form must be completed by the trip supervisor and returned to the appropriate school administrator at least four weeks in advance of the trip. ***NOTE: The Superintendent has the authority to approve trips that occur before the next scheduled School Board meeting.***

All applicable items must be completed before submitting to the appropriate school administrator.

__X__ West Lafayette Junior-Senior High School — Destination Manchester University

_____ Cumberland Elementary — Destination _____

_____ Happy Hollow Elementary — Destination _____

Date of Request 4/28/25 **Beginning and Ending Dates of Trip** 6/16 - 6/18

Signature of Supervising Staff Member _____ **Organization** Football

Administrators' approval _____ **Date** 6/2025

TRIP INFORMATION

Destination of Trip (be specific) Manchester University

Trip will be (Circle one or both) **Overnight** **Out-of-State**

Reason for Trip Team Camp

Number of instructional minutes lost _____

Describe the specific educational goal(s) or state standards that this activity will help students attain.

Describe how this activity will help attain school improvement goals.

Describe why this activity cannot occur without interrupting the instructional day.

N/A

For overnight trips: Describe why this activity cannot occur without an overnight stay.

Method of Transportation: City/Yellow bus 2 **Driver** _____

Chartered bus(es) _____ **Driver(s)** company _____