Rudyard Area Schools
Overnight/Extended Trip Proposal

Type of Trip:
_________________________________________________________________

Proposed Departure Date: ____________________________

Supervisor of Trip: _________________________________

Position in District: ________________________________

Date by which response is needed: __________________________

Purpose

1. What is the major place to be visited or event to be attended?

2. How is the trip related to the educational program of the District?

3. In what ways will the students benefit?

4. In what ways will the District benefit?
5. How will the trip be evaluated to determine the extent to which these benefits were realized?

**Students and Staff**

1. Which students (grade, class, or organization) will be going?

2. How many students will be going? _________

3. How many students are currently experiencing academic problems? ______

4. Which staff member will be in charge? ____________________

5. What experience has the staff member had in conducting overnight/extended trips?

6. What other staff members will be going?

7. How many chaperones, in addition to staff members, will be going? ______

8. What are their names and affiliations to the group?

9. How many school days will be missed? __________________
10. How will teachers be advised in advance that the students will be out of school?

**School Work**

1. How will missed work be made up?

2. What special assistance will be provided students with academic problems?

**Itinerary**

1. What is the destination(s)?

2. What will be the means of transportation?

3. What liability insurance does the carrier have for the trip?

4. Where will the group be housed and fed?

5. What supplementary activities are planned?

6. What arrangements have been made for dealing with emergency situations?
7. If tour guides are involved, what liability insurance do they carry?

**Finances**

1. What is the estimated total cost? _________________________
2. What costs are the students responsible for:

3. What is the source of funds?

4. How will funds be collected and safeguarded?

5. What provision has been made for students who are financially unable to pay necessary costs?

**Communications**

1. How will you communicate to parents prior to, during, and after the trip?

2. List telephone numbers of destinations and housing:

3. What information will be provided to the media and community
Approval & Signatures

Signature indicates approval

Principal: ___________________________________________________________
Date: 

Superintendent: _____________________________________________________
Date: 

Athletic Director (when applicable): ________________________________
Date: 

Board President (when applicable): ________________________________
Date: 