

STUDENT TRIP REQUEST AND APPROVAL FORM

Pursuant to Bellingham Public Schools policy 2320, form for approval must be completed for all student and ASB non-WIAA, school day, out-of-local area, overnight trips, out-of-state and out-of-country travel including summer travel, etc. Completed form required 2-4 weeks prior to trip, unless for an out-of-state, overnight trip of more than one night, and/or trips that involve fundraising. Then form 2320F-2 must be submitted first.

Approval in Concept has been given through Form 2320F-2 for out-of-state, multi-night trips, and/ or trips that involve fundraising.

TRIP INFORMATION

Event: _____ School: _____

Date Submitted to Principal: _____ Teacher/Coach/Advisor: _____

Grade or Group: _____ Destination: _____

Trip Dates: _____ # of Students: _____ # of Chaperones: _____

Estimated Cost:

Registration \$ _____
Lodging \$ _____
Transportation \$ _____
Other \$ _____
TOTAL COST \$ _____

Fund Source (check all that apply):

Bldg Grant _____
 ASB Family/Student Contribution
 PTA Other (explain) _____
 Fundraising (describe) _____

Other Required Information

- Parent permission form BPS Chaperones (21 and older/ratio of 1:10)
- Fingerprinting necessary/verified Emergency Medication/Health Plan verified
- 1st Aid/CPR trained (requires one for overnight and out of country travel)
- Transportation: Walk School Bus Private/District Vehicle (complete form 2320F-4)
- Privately Owned Boat (further requirements per 2320P) Other _____

Note: Out-of-country travel may require additional insurance. Please contact Risk Management.

Teacher/Coach/Advisor Date: _____ Date: _____
Student ASB Treasurer (ASB travel only)

Approved by:

Principal Date: _____

Principal forwards to Deputy Superintendent Office for all overnight, out-of-state and out-of-country trips. For school day trips, principal keeps form and notifies teacher of approval.

Assistant Superintendent, Dept. of Teaching and Learning Date: _____ (required for overnight, out-of-state and out-of-country travel)

Superintendent Date: _____ (required for overnight, out-of-state and out-of-country travel)

****Copies of fully approved form to Teacher/Coach/Advisor, Principal, Risk Management and ASB Bookkeeper****