**Out of State Trip Request**

**~Complete All Fields~**

 Booked By Email

 School Trip Contact

 (Contact During Trip)

 Trip Name Contact Cell Phone

 (During Trip)

 Departure Date Return Date Number of Students

 Departure Time Return Time

 Trip Request # Needs :

Trip Educational

Itinerary Objectives

Transportation Type Special

 Needs

Student roster submitted to Transportation

*Checking the box verifies submission of roster.*

|  |  |
| --- | --- |
| **BOE Employees On Trip** | **Is a substitute required for this employee? (Y / N)** |
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|  |  |
|  |  |
|  |  |
| **Bus Operator** | **Is a substitute required for this bus operator? (Y / N)** |
|  |  |

Date approved by Mingo County BOE

**Additional information**

1. How will the school ensure that any student not financially able to pay for trip be able to attend?
2. How will meals be provided for all students while on the trip?
3. How will the school pay for gas and bus driver for the trip?
4. Who will be the chaperones?
5. What is the tentative itinerary?