#### **PCSD Application for Overnight Student Travel**



4006 F1

|  | Prov   | o City S  | Schoo   | ol Distr | ict      |                               |                      |  |
|--|--------|-----------|---------|----------|----------|-------------------------------|----------------------|--|
| Applicat                                 | ion I  | or Ove    | ernigh  | nt Stud  | ent Trav | ⁄el                           |                      |  |
| All trips must be submitted AN           | D ap   | proved    | at le   | ast 45   | calenda  | ır days pr                    | ior to departure.    |  |
| Name of School:                          |        |           |         |          |          |                               |                      |  |
| Group Requesting Trip:                   |        |           |         |          |          |                               |                      |  |
| Advisor/Coach/Teacher:                   |        |           |         |          |          |                               |                      |  |
| Destination:                             |        |           |         |          | [        | Distance fr                   | om Provo:            |  |
| Dates of Trip:                           | De     | parture   | Date    | :        | F        | Return Da                     | te:                  |  |
| Number of School Days Missed:            |        |           |         |          | (N       | OT to exce                    | ed 2)                |  |
| Number of Students in Group:             | F:     |           | M:      |          | Total:   |                               |                      |  |
| Number of Adult Supervisors:             | F:     |           | M:      |          | Total:   |                               | (minimum ratio 1:10) |  |
| Did You Send and Receive Parent C        | onse   | ent for E | Each    | Particip | ant?     | Y[] N                         | <b>Ι</b> [ ]         |  |
| Most recent travel: Destination          |        |           |         |          | Date:    |                               | Cost:                |  |
| Ar                                       | nticip | ated Co   | osts p  | er Stu   | dent     |                               |                      |  |
| (If no amount is being co                | ollec  | ted for   | a par   | ticular  | category | y, please                     | enter \$0)           |  |
| Transportation: \$ Loc                   | dging  | g: \$     |         |          | Food     | d: \$                         |                      |  |
| Registration Fee: \$ Ot                  | her:   | er:\$     |         |          | Com      | Commercial Insurance: \$      |                      |  |
| Estimated Cost Per Student*:             | \$     |           |         |          |          |                               |                      |  |
| Less Amount Per Student from Fundraiser: | -\$    |           |         |          |          |                               |                      |  |
| Estimated Maximum Cost Per Student:      | =\$    | =\$       |         |          | (tota    | (total student out of pocket) |                      |  |
| * The total prior to fundraising m       | ay n   | ot exce   | ed \$2  | 00.00    | per stud | dent.                         |                      |  |
| Itinerary, transportation, fundraising,  | and    | lodging   | g plar  | s are    | describe | d in detail                   | on attached forms.   |  |
| Y[ ] N[ ]                                |        |           |         |          |          |                               |                      |  |
| You must include all methods of trav     | el us  | ed on t   | he trip | ).       |          |                               |                      |  |

#### Parent Meeting to Discuss Trip Plans

|         | Only One Vote Per Student       |  |  |  |  |  |  |
|---------|---------------------------------|--|--|--|--|--|--|
|         |                                 |  |  |  |  |  |  |
|         |                                 |  |  |  |  |  |  |
|         |                                 |  |  |  |  |  |  |
| Y[] N[] | , but they will prior to travel |  |  |  |  |  |  |
|         |                                 |  |  |  |  |  |  |

All trips must be approved 45 days before travel. Exceptions will be approved only when an invitation to a national event or national competition occurs outside of the 45-day deadline. If an exception is requested, a letter from the principal is required.

This request will not be considered for approval without complete answers to the following questions. Be specific and answer ALL parts of each question:

\*\*If you have handouts that you have provided to parents that clearly address each of these areas, you may attach these documents to this request.

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**Educational Justification:** What are the educational objectives of the trip? Can these objectives be replicated with closer, less expensive travel? Why not? Please be specific.

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|---|
| <b>Standards for Participants:</b> What are the academic and behavioral standards that must be met by participating students? How were students and parents notified of these requirements?   |
| <b>Safety:</b> In what ways will you ensure the safety of students while traveling or participating in activities? Describe special instructions to students, supervision guidelines to chaperones, accommodations that are specific to the destination.  |
| <b>Financial:</b> As a school-sponsored activity, fee waivers apply. How will you cover the potential costs of fee waivers or are you expecting the district to offset these costs? What specific fundraisers do you anticipate you will use to offset student costs? Have these fundraisers been approved by your principal with appropriate approval paperwork completed? Attach paperwork. |
| Optional: Please provide details of any additional information that you feel is pertinent.  |

I have read and I agree to comply with all the stipulations contained in PCSD Policy 4006. Initial here:

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### **Board Meeting Approval Date (if required):**

| Advisor's Signature        | Date | Principal's Signature       | Date |
|----------------------------|------|-----------------------------|------|
| Superintendent's Signature | Date | Board President's Signature | Date |

Special Conditions that must be met before Superintendent or Board Approval is granted: