

Salem R-80 School District  
Request for Day OR Overnight Trip

Date Request Submitted: \_\_\_\_\_

Organization: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_ Location of Trip: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Approximate Return Time: \_\_\_\_\_

Reason for Trip: \_\_\_\_\_

Check List (All THE FOLLOWING INFORMATION MUST BE ATTACHED TO THIS FORM):

- \_\_\_ Request for Leave (As Appropriate)
- \_\_\_ Calendar Activity Request submitted for Approval
- \_\_\_ Names of Students Attending (please attach on a separate piece of paper)
- \_\_\_ Itinerary for Each Day
- \_\_\_ Hotel Room Assignments for Students
- \_\_\_ Bus Request Submitted
- \_\_\_ Purchase Orders Prepared and Approved for Expenses – If Cash is to be used in any transaction, this must be approved by the Principal prior to your trip.

Contact Telephone Numbers (Cell Phone, Hotel, Meeting Room):

\_\_\_\_\_

Chaperone Name(s) and Emergency Contact Number(s):

\_\_\_\_\_ Name \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Signed: \_\_\_\_\_  
Teacher/Sponsor

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_  
Principal Principal

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_  
Superintendent Superintendent

This request must be submitted to the building principal at least one week (7 school days) prior to trip.