

## Duplin County Trip Request Form

**\*\*This form should be submitted to Superintendent/Designee at least six weeks before date of trip for overnight/out of state trips and two weeks for day trips. \*\***

Date: \_\_\_\_\_

**Overnight** \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

**Out of State** \_\_\_\_\_ **yes** \_\_\_\_\_ **no**

**Lodging** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

School: \_\_\_\_\_

Group or Class AND the # of students: \_\_\_\_\_

Trip destination: \_\_\_\_\_

Purpose of the trip: \_\_\_\_\_

Learning objectives: \_\_\_\_\_

STEAMA Correlation: \_\_\_\_\_

Date(s) of trip: \_\_\_\_\_ School time required: \_\_\_\_\_

Departure time: \_\_\_\_\_ Return time: \_\_\_\_\_

Means of travel: \_\_\_\_\_ Estimated Mileage: \_\_\_\_\_

Names(s) of Supervisor(s)/Chaperone(s): \_\_\_\_\_

Contact Name and Number: \_\_\_\_\_

How will the trip be financed? \_\_\_\_\_

Cost per student: \_\_\_\_\_

What provisions are planned for students unable to pay? \_\_\_\_\_

What provisions are planned for student who cannot/do not attend? \_\_\_\_\_

The trip destination(s) is/are accessible to students with disabilities. \_\_\_\_\_ Yes \_\_\_\_\_ No

If applicable, how will students with disabilities be accommodated to ensure their full participation in the trip? \_\_\_\_\_

Trip sponsored by: \_\_\_\_\_ Approved by: \_\_\_\_\_

Principal

Action by Superintendent/Designee: \_\_\_\_\_

Action by Board of Education (if required): \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please attach a copy of the proposed itinerary for ALL trips**

**Policy 3320  
Rev.08-01-19**