

Duplin County Trip Request Form
(CTE ONLY)

****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: _____

Meals: Breakfast \$ _____ Lunch \$ _____ Dinner \$ _____

Hotel: Number of Nights: _____ Hotel Cost: \$ _____ Registration Costs: \$ _____

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: _____

Approved by District CTE: _____

Action by Superintendent/Designee: _____

Action by Board of Education (if required): _____

Date: _____

Date: _____

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