

Jordan School District

Student Final Overnight Travel Request-AA414



Date: _____

(Must be received by the Administrator of Schools SEVEN calendar days prior to travel.)

Administrator of Schools _____ Principal _____

School _____ Advisor/Coach _____

Organization _____ Activity/Event _____

Destination _____ Dates of Travel Activity _____

Mode(s) of Transportation _____ Date(s) of school that will be missed _____

Estimated One-way Mileage _____ Estimated Site Ground Mileage _____ Number of Students Traveling _____

Total Number of Chaperones traveling at school/district expense _____ *(A minimum of 2 Chaperones, with a ratio of 1 to 10)*

Total Number of Chaperones traveling without costs or paying their own costs _____

List of Chaperones: ***Cleared with HR for completing background checks: _____ (HR Initials)***

1. _____ 5. _____ 9. _____

2. _____ 6. _____ 10. _____

3. _____ 7. _____ 11. _____

4. _____ 8. _____ 12. _____

UHSAA Sanctioned: Yes No N/A

Summer Request

Date of Preliminary Parent Meeting: _____

Number of families not in attendance: _____

Number of families represented at the meeting: _____

How were they surveyed? Meeting Letter Other

Number of families in attendance in favor of the trip: _____

% of families surveyed in favor of the trip: _____

% of families in attendance in favor of the trip: _____

Total % of all families in favor of the trip: _____

Expenditures Per Participant:

| | |
|--|----------|
| Transportation <i>(incl. taxes & fuel charges)</i> | \$ _____ |
| Lodging <i>(including taxes)</i> | \$ _____ |
| Food | \$ _____ |
| Registration Fee | \$ _____ |
| Individual Travel Ins. <i>(\$7.00/person)</i> | \$ _____ |
| Substitute Costs <i>(\$92/day per sub)</i> | \$ _____ |
| Event Admission | \$ _____ |
| Other _____ | \$ _____ |
| Other _____ | \$ _____ |
| Other _____ | \$ _____ |
| Other _____ | \$ _____ |

Amount Per Participant: \$ _____

Number of Students: _____

Number of Chaperones traveling
At school/district expense: _____

Total Paying Participants: _____

Entire Trip Costs /
TOTAL Expenditures: \$ _____

Revenues: *(must be obtained prior to departure)*

| | |
|--------------------------------|----------|
| Number of Paying Participants: | _____ |
| Actual Amount Per Participant: | \$ _____ |
| Total Expenditures: | \$ _____ |
| Fundraising | \$ _____ |
| Grants | \$ _____ |
| Donations | \$ _____ |
| Sponsors | \$ _____ |
| Other _____ | \$ _____ |
| Other _____ | \$ _____ |
| Other _____ | \$ _____ |

Entire Trip Revenues /
TOTAL Revenues: \$ _____

Are all revenues received? Yes No

Total Revenues must equal Total Expenditures.

Number of participants on the left must match top line.

Normal bid procedures apply. If total trip costs exceed \$9,999.00, the Purchasing Department must approve.

Complete the second page of this application and include all necessary signatures and attachments.

Student Final Overnight Travel Request

1. Attach the following items to this application:
 - a. Copy of approved preliminary travel proposal with any additional authorized changes.
 - b. Copy or documentation of the supplemental insurance policy provided by travel buyer.
 - c. Copy of Final Itinerary.
 - d. Other pertinent information that you wish to include—syllabus, student assignment sheet, etc.

2. What commercial insurance arrangements have been made to cover the participants on this trip?
 - a. Student/Family health insurance coverage w/notarized medical treatment consent.
 - b. Individual post-departure travel insurance purchased through the District travel buyer.
 - c. Additional transportation/event insurance (*if applicable*): _____

3. The following has been completed and identified for all traveling Adults and Chaperones with group:
 - a. Chaperone background check completed which will be verified by Human Resources.
 - b. Chaperones have completed “Responsible Adult Information Student Overnight Travel”.
 - c. Travel costs identified for required chaperones.
 - d. Substitute costs identified for required chaperones.
 - e. Adults/Students who are paying their own expenses have paid in full prior to departure.

4. Completed and maintained at local school.
 - a. Parent Approval Signature Form. (II. D. 2. a.)
 - b. Parent Consent for Student Travel and Medical Treatment Form w/insurance information.
(This notarized form must accompany group while traveling)

Advisor Signature

Date

Principal Signature

Date

Administrator of Schools Signature

Date

Business Administrator Signature

Date