

# SIATECH ACADEMY SOUTH TRIP AUTHORIZATION/TRANSPORTATION REQUEST

## SCHOOL/DEPARTMENT USE ONLY

### INSTRUCTIONS FOR ORIGINATOR:

1. Refer to SIATech Academy South Administrative Procedures (A.P.) 6102.
2. Use separate form for each trip requested.
3. Submit request to site administrator at least twenty (20) working days prior to date of in-county trips and thirty-five (35) days for out of county or overnight trips, as these require Board approval. In the case of the latter, site administrator presents form to the Board.
4. Obtain parent permission for each student. (SIATECH ACADEMY SOUTH Form F200.)

### VEHICLE REQUIREMENTS

#### NUMBER OF INDIVIDUALS ON TRIP

Students \_\_\_\_\_

Grade Level(s) \_\_\_\_\_

Teachers & Staff \_\_\_\_\_

Parents & Other Adults \_\_\_\_\_

Adult/Student Ratio Met  Yes  No

#### MODE OF TRANSPORTATION

Public  Private

Type \_\_\_\_\_

Quantity \_\_\_\_\_

### CONTACT PERSON AT DESTINATION

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Guided Tour  Yes  No

Additional Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DESTINATION

Place of Visit \_\_\_\_\_

Address/City \_\_\_\_\_

List any High Risk Activity: \_\_\_\_\_

Overnight Trip  Yes  No

If an overnight trip, has fingerprinting requirement for adult(s) been addressed?  
 Yes  No

Out-of-County Trip  Yes  No

Planned Stops Yes  # \_\_\_\_\_ No

If planned stops, list location(s) \_\_\_\_\_

Date of Arrival at Destination \_\_\_\_\_

Time of Arrival \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Date of Departure \_\_\_\_\_

Time of Departure \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

### FEES/COSTS

Total Cost of Trip \_\_\_\_\_

Trip financed from the following:

School Budget  Fundraising  Donations

Grant  \_\_\_\_\_  
(Name)

Other  \_\_\_\_\_

### PURPOSE/SELECTION/NOTIFICATION OF TRIP

Purpose of Trip \_\_\_\_\_

How were students selected for this trip? \_\_\_\_\_

When and how were students and parents notified? \_\_\_\_\_

(Attach all existing flyers and notices to this request)

Name of Originator \_\_\_\_\_ School Site \_\_\_\_\_ Telephone Number \_\_\_\_\_

Signature of Originator \_\_\_\_\_ Position \_\_\_\_\_ Date Signed \_\_\_\_\_

### SITE ADMINISTRATOR USE ONLY

Approved  Disapproved – Reason \_\_\_\_\_

Signature of Site Administrator \_\_\_\_\_ Date Signed \_\_\_\_\_

OUT-OF-COUNTY/OVERNIGHT: Board Approval  Not required  Required

### CENTRAL ADMINISTRATION OFFICE USE ONLY

Approved  Disapproved – Reason \_\_\_\_\_

\_\_\_\_\_ Date Signed \_\_\_\_\_

Signature Superintendent/CEO or Designee