

SIATECH TRIP AUTHORIZATION/TRANSPORTATION REQUEST

SCHOOL/DEPARTMENT USE ONLY

INSTRUCTIONS FOR ORIGINATOR:

1. Refer to SIATech 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 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 of Charter School Superintendent/CEO or Designee

Distribution: White – Site Administrator Yellow – Central Administration Office Pink - Originator