SIATECH ACADEMY SOUTH TRIP AUTHORIZATION/TRANSPORTATION REQUEST

SCHOOL/DEPARTMENT USE ONLY

INSTRUCTIONS FOR ORIGINATOR:

- Refer to SIATech Academy South Administrative Procedures (A.P.) 6102.
- Use separate form for each trip requested.
- 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.

 Obtain parent permission for each student. (SIATECH ACADEMY SOUTH Form F200.)

Place of Visit Address/City List any High Risk Activity: Overnight Trip Yes No No No No No No No N	VEHICLE REQUIREMENTS	DESTINATION			
Students Grade Level(s)	NUMBER OF INDIVIDUALS ON TRIP				
Teachers & Staff	Students		Place of Visit		
Parents & Other Adults					
Parents & Other Adults	Teachers & Staff	List any High Risk Activity:			
Parients & Other Adults Adult/Student Ratio Met					
Adult/Student Ratio Met	Parents & Other Adults	Overnight Trip	□ No		
Planned Stops Yes # No		If an overnight trip, has fingerprinting requirement Yes No	If an overnight trip, has fingerprinting requirement for adult(s) been addressed? Yes No		
Planned Stops Yes # No Type		Out-of-County Trip Yes	□ No		
Public	MODE OF TRANSPORTATION	Diamed Change Vos	No.		
Type	Public Private	Planned Stops Yes #	NO		
Date of Arrival at Destination		If planned stops, list location(s)			
CONTACT PERSON AT DESTINATION Name	Quantity				
Date of Departure		Date of Arrival at Destination	Date of Arrival at Destination		
Title _	CONTACT PERSON AT DESTINATION	Time of Arrival A.M	P.M.		
Title _	Name	Date of Departure			
Telephone Number					
Guided Tour Yes No Total Cost of Trip					
Additional Instructions Trip financed from the following: School Budget					
School Budget	_	·			
Grant	Additional Instructions Trip financed from the following:				
Other		School Budget Fundraising	□ Donations □		
Other		Grant □			
Purpose of Trip					
Purpose of Trip		Other 🗆			
How were students selected for this trip?	PURPOSE/SELECTION/NOTIFICATION OF TRIP				
How were students selected for this trip?	Durnoss of 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 Date Signed OUT-OF-COUNTY/OVERNIGHT: Board Approval Not required Required CENTRAL ADMINISTRATION OFFICE USE ONLY Date Signed Date Signed	·				
Name of Originator					
Name of Originator					
Signature of Originator Position Date Signed	Name of Originator				
SITE ADMINISTRATOR USE ONLY Approved Disapproved – Reason					
Approved Disapproved – Reason					
Signature of Site Administrator	SILE	ADMINISTRATOR USE ONLY			
Signature of Site Administrator	Approved - Reason				
OUT-OF-COUNTY/OVERNIGHT: Board Approval Not required Required CENTRAL ADMINISTRATION OFFICE USE ONLY Approved Disapproved – Reason Date Signed	Approved Disapproved - Neason				
CENTRAL ADMINISTRATION OFFICE USE ONLY Approved Disapproved – Reason Date Signed	Signature of Site Administrator	Date Signed			
CENTRAL ADMINISTRATION OFFICE USE ONLY Approved Disapproved – Reason Date Signed	OUT-OF-COUNTY/OVERNIGHT: Board Approval				
Approved Disapproved – Reason Date Signed					
Date Signed	D D	MINISTRATION OF FIGE SOC ONE!			
	Approved Disapproved – Reason				
	Signature Superintendent/CFO or Designee	Date Signed	 -		