

**OKALOOSA COUNTY SCHOOL DISTRICT
ADMINISTRATION
STUDENT TRIP REQUEST**

SCHOOL: _____

GROUP: _____

FACULTY SPONSOR: _____

NAME OF ACTIVITY: _____

PLACE OF ACTIVITY: _____

CITY AND STATE: _____

DEPARTURE DATE/TIME: _____ RETURN DATE/TIME: _____

EDUCATIONAL VALUE OF TRIP: _____

TRANSPORTATION (CHECK ONE):

School Bus ☐ Automobile ☐ *Commercial Carrier ☐ *Other ☐

*STATE TYPE: _____

NUMBER OF STUDENTS: _____ NUMBER OF CHAPERONES: _____

COST TO STUDENTS: _____

FUNDING SOURCE: _____

TEACHER/SPONSOR/COACH SIGNATURE

DATE

The principal's signature below verifies that all District policies and procedures have been reviewed and compliance has been established prior to submitting this request for approval by the Superintendent. When leased or private vehicles are used for the trip, compliance includes a review of the driver's screening conducted by the District's Transportation Department and a review of the documentation that the driver(s) have the vehicle insurance required by the district.

PRINCIPAL SIGNATURE

DATE

SUPERINTENDENT OR DESIGNEE SIGNATURE

DATE

☐ APPROVED

☐ NOT APPROVED