## REQUEST FORM FOR OVERNIGHT OR OUT-OF-STATE FIELD TRIPS

This form must be completed by the trip supervisor and returned to the appropriate school administrator at least <u>four</u> weeks in advance of the trip. *NOTE: The Superintendent has the authority to approve trips that occur before the next scheduled School Board meeting.* 

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All applicable items must be completed before submitting to the appropriate school administrator.

X West Lafayette Junior-Senior High School	Destination
Cumberland Elementary	Destination
Happy Hollow Elementary	Destination
Date of Request 5/7/24 Beginning and Ending Dates of Trip 6/17 - 6/19	
Signature of Supervising Staff Member Share Toothall Organization	
Administrators' approval	Date 5.7.217
TRIP INFORMATION	
Destination of Trip (be specific) Manches ter	University
4-	vernight Out-of-State
Reason for Trip Football Camp	
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Number of instructional minutes lost	
Describe the specific educational goal(s) or state standards that this activity will help students	
attain.	
Describe how this activity will be a setting a best to severe a least to severe a le	
Describe how this activity will help attain school improvement goals.	
Describe why this activity cannot occur without interrupting the instructional day.	
N/A	
For overnight trips: Describe why this activity cannot occur without an overnight stay.  Trans, format of camp, team bonding opportunity	
City/Yellow bus Driver  Method of Transportation: Charters(es) Ohionete(s)company	