

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 four weeks in advance of the trip. *NOTE: The Superintendent has the authority to approve trips that occur before the next scheduled School Board meeting.*

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

West Lafayette Junior-Senior High School

Destination _____

Cumberland Elementary

Destination _____

Happy Hollow Elementary

Destination _____

Date of Request 2/24/2025 Beginning and Ending Dates of Trip 2/28 - 2/29

Signature of Supervising Staff Member _____ Organization WL Swim/Dive

Administrators' approval J. T. [Signature] Date 2.24.2025

TRIP INFORMATION

Destination of Trip (be specific) Indianapolis, IN

Trip will be (Circle one or both) Overnight Out-of-State

Reason for Trip IHSAA state Swim Meet

Number of instructional minutes lost 8 participants released after 4th hr on 2/28

Describe the specific educational goal(s) or state standards that this activity will help students attain.

Describe how this activity will help attain school improvement goals.

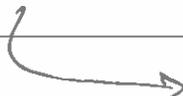
Describe why this activity cannot occur without interrupting the instructional day.

N/A

For overnight trips: Describe why this activity cannot occur without an overnight stay.

attached schedule

Method of Transportation: City/Yellow bus _____ Driver _____
~~Charter(s)~~ _____ ~~Charter(s) company~~ _____



WL M.H. bus