



SOUTH BEND COMMUNITY SCHOOL CORPORATION
EDUCATIONAL TRIP APPLICATION

Educational Trip Location _____ Date _____

Leaving Time _____ a.m./p.m. Returning Time _____ a.m./p.m.

of students _____ # of teachers _____ # of parents _____ # of others _____

Total cost _____ Student cost _____ Funding source(s) _____

Method of transportation: [] Walking [] School bus [] Commercial bus [] Train [] Airplane

Name of commercial carrier: _____

Is a substitute needed? [] Yes [] No Date(s): _____ [] am [] pm

If a leave is approved requiring a substitute, teachers are responsible for calling Human Resources.

Purpose of Educational Trip: (Specify the subject area and unit of student the trip is expected to reinforce.)

Teacher's Name _____ School _____ Grade/Subject _____

Teacher's Signature _____ Date Request Filed _____

Approved

[] Yes [] No _____ (principal) _____ (date)

[] Yes [] No _____ (assistant superintendent of school management) _____ (date)

[] Yes [] No _____ (superintendent.) _____ (date)

Teacher is to complete the upper portion of the form and file in the school office a minimum of two school weeks before scheduled trip date. Trip approval must precede securing permission for pupil participation and final arrangement verification. Principal is to forward all three copies to the Office of School Management. Teacher will receive notice of action taken through the return of the original application.