



Traverse City Area Public Schools Student Field Trip Approval Request

Teacher:

School:

Class/Grade/Organization:

Departure Date/Time:

Return Date/Time:

Destination:

Number of school days students will be absent:

Trip Objective

Number of Students

Number of Staff

Number of Chaperones

Mode and carrier name of transportation: _____

- *If using commercial transportation, the certificate of liability insurance must be on file in the Business Office.*
- *15-passenger vans will not be used as a mode of transportation for Pre-K–12 students.*

Expenses

Estimated cost per student \$ _____ Estimated cost to chaperones \$ _____

Source of funds _____

Scholarships will be available to students who cannot afford the trip.

TCAPS will not be responsible for any shortfalls of field trip expenses.

This trip is in compliance with Board Policies

- #2340 Field & Other District Trips
- #8660 Transportation by Private Vehicle
- #8640 Transportation for Field & Other District Sponsored Trips
- #5341 Emergency Medical Authorization

- I acknowledge this trip may be cancelled at any time due to security issues.
- The trip itinerary may be changed at any time during the trip due to security issues.
- This will be communicated to parents and students by the trip manager from the onset of planning throughout the trip.

Trip Manager's Signature

Principal's Signature

Associate Superintendent's Signature