Thompson School District R2-J
Overnight Activity Trip Request

School __________________________ Group(s)/Class Involved ________________________________

Number of students involved (girls) _____ (boys) _____ Total _____ In-State ______ Out-of-State ______

How are students selected? _______________________________________________________________

Destination __________________ Mode of transportation to/from/at destination ___________________

When traveling to metropolitan or mountain areas, use of district vehicle or commercial/charter vehicle is required. These vehicles include, but are not limited to district cars, suburban or activity buses.

Type of Lodging/Accommodations _____________________________________________________________

Departure date _________________ Return date _________________

Will students miss days of school? Yes ___ No ___ If yes, dates absent _____________________________

Describe Funding Sources/Amounts

Total Cost of Trip: $ ___________ Budget Code: ________________________________

Out of pocket student tuition, if any: $ ___________

How are indigent students provided an opportunity to participate? ________________________________

Have sponsors visited the site or conducted the activity before? _________ Who? ______________________

Have sponsors reviewed Board policy and regulation IJOA/IJOA-R? ____ Date of Review _____________

Have you notified the school nurse or health office aide to discuss the provision of nursing services for this trip? _________

Will you notify the school health office at least two weeks prior to the trip to assure that Health Care Plans and Emergency Care Plans can be developed for students with health care needs? __________

Brief description of objectives and expected outcomes of activity: ____________________________________________

The CODE OF COLORADO REGULATIONS 6 CCR 1010-6, Division of Environmental Health and Sustainability, section 22 6.13 Health Service requires that at least one staff member shall be on duty at school sponsored activities who has a current certification from a nationally recognized course in Standard First Aid and Cardio Pulmonary Resuscitation (CPR) certification course. Please list the name of the individual who will be accompanying the group who has current First Aid / CPR certification and send a copy of the certification card with this form. ___________________________ (name)

Only teachers or other school staff members or coaches may be included as approved sponsors. A list of names of district participants (student, teachers and other staff members) must be turned in with this approval request. The recommended teacher/staff sponsor to student ratio is 1:10.

Number of teacher sponsors ________, expenses to be included with students.

Number of teacher sponsors ________, expenses to be paid individually.

Number of other staff ________, expenses to be included with students.

Number of other staff ________, expenses to be paid individually.

Number of parent chaperones per policy IJOA-R, item C ________, expenses to be included with students.

Number of parent chaperones per policy IJOA-R, item C ________, expenses to be paid individually.

Whenever Thompson School District students are engaged in overnight travel, parents or guardians must attend a mandatory informational meeting. The exception is when a student or team is participation in a competitive post season activity.

(Check as many as applicable)

___ This activity is an outgrowth of curriculum or co-curriculum (See Guidelines for Conducting Student Activities).

___ This activity is non-discriminatory.

___ This activity, or similar trip, is not available within the state.

___ This activity is a national event and participants are members of state-charters.

___ Participation in this activity has been earned through exceptional performance or by exclusive invitation based on merit.

Per policy IJOA-R: “District sponsored Out of country trips will not be permitted by the Board of Education.

__________________________ __________  ___________________________ __________
Sponsor/Coach Signature  Sponsor/Coach (Print name)

__________________________ __________
Principal  Date of Review

__________________________ __________  ___________________________ __________
Benefits & Risk Manager  Date  Executive Director Secondary  Date

Student Travel\Overnight Trip Request Form F 8/15