

# ***Aransas Pass Independent School District***

## ***In-State Overnight Trip Request***

*The school sponsored trip must be approved by the Aransas Pass ISD Superintendent. This completed form must be submitted to the office of the Superintendent for approval no less than 7 business days prior to the proposed student trip. The sponsor of the trip must deliver a copy of the completed form, with attached Emergency Medical Treatment Forms for each traveling student, to the office of the Principal before departure date. Every student participating in the overnight trip must furnish the sponsor with a completed permission form signed by parent /guardian. Sponsors must carry a copy of the Emergency Medical Treatment Form, with current information for each student on the trip.*

*Date Request: \_\_\_\_\_ Trip Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_*

*Name of Organization: \_\_\_\_\_ Name of Campus: \_\_\_\_\_*

*Total number of students participating in Trip: \_\_\_\_\_*

### ***CHAPERONE INFORMATION***

*Name*

*Address*

*Home/Cell Phone*

***DESTINATION:*** \_\_\_\_\_

*Mode of Transportation:* \_\_\_\_\_

*If Charter Bus is used, please give the name of the company and phone number:*

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*If district buses are used, how many are needed:* \_\_\_\_\_

### ***ITINERARY:***

*(Include as much information as possible on side trips, anticipated stops for meals while en-route, etc.)*

***PURPOSE OF THE TRIP:***

*Please elaborate.*

***EDUCATIONAL OBJECTIVES OF THE TRIP:***

***ACCOMMODATIONS:*** *(Name of hotel, address, telephone number)*

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*Chaperones Responsible For Emergency Cards: (Ensure that all information has been completed on the form and that all student information is current)*

*Number of Students per Room:* \_\_\_\_\_

*Student Curfew Hours:* \_\_\_\_\_

*Safety/Security Procedures and Curfew/Enforcement Procedure (Room count, luggage check, etc).*

***ESTIMATED EXPENSES:***

\_\_\_\_\_ *Transportation*  
\_\_\_\_\_ *Housing*  
\_\_\_\_\_ *Meals*  
\_\_\_\_\_ *Other expenses (please list)*

***SOURCE OF REVENUE:***

\_\_\_\_\_ *Students*  
\_\_\_\_\_ *Donation*  
\_\_\_\_\_ *District*  
\_\_\_\_\_ *Boosters*  
\_\_\_\_\_ *Other (Identify Source)*

***Total Cost of Trip:*** \_\_\_\_\_

*Name of Bus Driver:* \_\_\_\_\_

*Name of Sponsor:* \_\_\_\_\_ *Cell Phone:* \_\_\_\_\_

*Sponsor Signature:* \_\_\_\_\_

*Campus Principal Signature:* \_\_\_\_\_ ☐ *Approve* ☐ *Deny*

*Date:* \_\_\_\_\_

*Superintendent Signature:* \_\_\_\_\_ ☐ *Approve* ☐ *Deny*

*Date:* \_\_\_\_\_