

Request for Overnight Student Field Trip

	inggold School Di ial losses if a trip i			to cancel a trip a	t any time. In addition, the School District is not responsible for any					
Distr	total cost to the sturict is not responsible tudent being prohi	ole for t	his amount or an	y payments towa	. (This cost is subject to change.) The Ringgold School rd this trip, and failure of the student to pay such costs may result in					
incu	ield trip is cancelle red by the parent/g	ed for ar guardiar	ny reason, the Ri n or student whic	nggold School Da h may have been	p. If a parent/guardian chooses not to purchase travel insurance and istrict shall not be responsible for reimbursing any costs or expenses paid at any time prior to the cancellation of this field trip. Any such he company issuing the travel insurance.					
	☐ Travel insurance is not available as an option for this field trip.									
Overi requir		- A miı	nimum of 4 mor	nths prior approv	al from the Building Principal, Superintendent and School Board is					
Proce	dures:									
•	submits to the I Building Princi Superintendent Building Princi announced to st A mandatory m	Building pal send 's office ipal will will tudents, reeting v	g Principal for signs the approved (e will return approlated) and permission with the parents in	gnature. Overnight Field Toved/denied Ove er In-Charge of forms will be sen is arranged and ta						
School/Class or Group					Date of Application					
Dest	ination									
Departure Date/Time (range) Flight # (if applicable)				Return Date/Time (range) Flight # (if applicable)						
Obje	ctive of Trip									
Teacher In-Charge					Teacher's Cell Phone					
Approximate Price Range per Student					Approximate Number of Students					
Ratio	of Chaperone to	Student	s							
Tour Company					Tour Company Phone Number					
Will Ringgold Bus Transportation be needed? □				□ YES	□ NO					
Departure Time from School					Departure Time for Return Trip					
	Approved		Rejected							
	Approved		Rejected	Signature of B	uilding Principal					
_			•	Signature of A	thletic Director (if applicable)					
Ц	Approved		Rejected	Signature of St	uperintendent					

The following sh	1 1	.1 *	. 1	• .
The following ch	iould accom	nany thic re	anect when	annronriate
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- Emergency and Inclement Weather Plans
- Travel Insurance Information

Please provide the following information (may also attach the itinerary):	
Meal Arrangements:	
Route:	
Names (and cell phone numbers) of all staff members going on trip:	
Names (and cell phone numbers) of chaperones going on trip:**	
Fundraising Opportunities (please list):	
Provide the following information to the Building Principal:	
 Information given to all chaperones with details of trip and itinerary Emergency Plans / Inclement Weather Plans 	
Final Approval:	
Building Principal's Signature	Date

Collect and attach permission slips and return this form to the Building Principal before departure.

Be sure to submit an updated chaperone list when finalized