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| **OVERNIGHT OFF-CAMPUS ACTIVITIES REQUEST****DUE IN THE OFFICE OF EDUCATION TWO MONTHS PRIOR TO DATE OF DEPARTURE** |

**Name of School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Faculty Sponsor**: \_\_\_\_\_\_

**Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Departure: \_\_\_\_\_\_\_\_\_\_\_ Date of Return \_\_\_\_\_\_\_\_\_\_ Total School Days: \_\_\_\_\_\_**

**TYPE OF TRIP**

□ A. Class, club and student association – **2 school days max.** (*Senior class trip, etc.*)

 Organization/Class Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ B. Course-related and promotional groups – **3 school days max.** (*music, drama, etc.*)

 Organization/Class Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ C. Outdoor and extended campus education activities and mission outreach projects –

 **5 school days max.** (*modern language, history, etc.*) SU Ed Code Sect 1230

 Organization/Class Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ D. Combination of tours – see **attach** explanation.

**DEMOGRAPHICS**

**Number of students: \_\_\_\_\_\_ Male \_\_\_\_\_\_ Female Cost per student: $ \_\_\_\_\_\_\_\_\_\_**

**Number of Faculty Chaperones: \_\_\_\_\_ Male \_\_\_\_\_ Female**

**Number of Parent Chaperones: \_\_\_\_\_ Male \_\_\_\_\_ Female**

 **List of chaperones cleared through Verified Volunteers:**

**1.**

**2.**

**3.**

**4.**

**5.**

**6.**

**7.**

**8.**

**9.**

**10.**

**11.**

**12.**

**13.**

|  |  |  |  |  |  |  |  |
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| **Destination & Approval Process*****All tours must comply with Ed. Code section 1230*** | **School****Administrator** | **Conference Supt.** | **Host****Conf. Supt.** | **Local School** **Board** | **SACED** | **SAC K-12 BOARD of Education** | **General Conf. Office of Education** |
| □ Intra-Union Overnight  | X | X | X | X | X | X |  |
| □ Out of Union (SU *Ed Code1230*) | X | X | X | X | X | X |  |
| □ Tours Out of Country (Policy FEB 05 40) | X | X | X | X | X | X |  |
| □ Interdivisional Tours (Policy FEB 04 40) | X | X | X | X | X | X | X |

**Itinerary**

***Type information directly into the fields***

|  |  |
| --- | --- |
| **Destination** |  |
| **Name of transportation company**  |  |
| **Name of Individuals Providing Transportation if using private vehicles** |  |
| **Name of Individuals drivers insurance policies***Individual, company, policy number, coverage amount* | **1.****2.****3.****4.** |
| **Cost of Transportation per student, per day** | **Cost/Day $\_\_\_\_\_\_\_\_\_\_\_Cost/Student $ \_\_\_\_\_\_\_\_\_** |
| **Overnight Lodging Accommodations***List Name and Address in Order* | **1.****2.****3.****4.** |
| **Cost of Overnight Lodging Accommodations per accommodation, per student, per day** | **Cost/Day $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Cost/Student $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **All Activities and Locations** | **1.****2.****3.****4.** |
| **Planned Rest Stops** | **1.****2.****3.****4.** |
| **Sightseeing Locations** | **1.****2.****3.****4.** |
| **Shopping Locations** | **1.****2.****3.****4.** |

**Adventist Risk Management Checklist and Approval**

*****Completed by the school and approved by the ARS Director at the Conference*

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**Conference Office of Education Use Only**

**Administrator Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date Principal’s Signature**

**School Board Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date Board Chair Signature**

**Risk Mgt. Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*for Mission Trips* **Date Risk Management Signature**

**SAC Board of Ed: 🞏 Request Approved 🞏 Request Denied**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date Superintendent Signature**