

**SAN BENITO HIGH SCHOOL DISTRICT
ACTIVITY PLANNING REQUEST FORM**

Completed planning request form with proper signatures must reach the Curriculum Office **10 full school days prior** to the date of local/one day trips, **60 days prior** for 150 miles, overnight/out of state trips.

A list of students attending in alphabetical order with ID numbers, and their signed permission slips/waivers must be turned into the Curriculum Office **4 full school days prior** to the date of the trip.

Incomplete forms will be returned to requester

1. General Information

Name of Requester: _____ Cell Phone: _____

Today's Date Date(s) of Trip Class/Club/Group # of Students

Destination: _____

Address: _____ City: _____ State: _____

Phone Number: _____

Educational Objective: _____

How will students be selected: _____

2. Trip Details (attach itinerary)

Class Release Time: Yes _____ No _____

Will a Substitute Teacher be required? ____ If yes, for which periods? _____

Is trip overnight and/or over 150 miles (one way): Yes ____ No ____ (if yes, Board Approval required 60 days in advance)

Location of overnight lodging: _____

Date of Departure: _____ Time of Departure: _____

Date of Return: _____ Time Back on Campus: _____

3. Transportation

Transportation type: School Bus _____ School Van _____ Private Vehicle _____ Walking _____ Other _____

***Please be sure to submit a Transportation Request Form with the Trip Request Form.**

4. Funding

How will trip be funded to assure students are not excluded due to lack of funds (if fundraising, please specify: _____)

Registration Fee:

_____	_____	_____
Program to Charge Expenses	Budget Code	Estimated Costs

Transportation Costs:

_____	_____	_____
Program to Charge Expenses	Budget Code	Estimated Costs

Lodging/Meal Costs:

_____	_____	_____
Program to Charge Expenses	Budget Code	Estimated Costs

5. Please verify drivers are approved through HR and Transportation department prior to submission

Authorized Drivers Name: _____

Authorized Drivers Name: _____

Authorized Drivers Name: _____

6. Chaperones

The ratio of adults to students on school-sponsored trips shall be a minimum of one adult to twenty-five students with a **minimum of two adults** (one a district certificated employee; the other(s) are district approved chaperones)

Certificated Chaperone: _____ Cell Phone: _____

Approved Chaperone: _____ Cell Phone: _____

Approved Chaperone: _____ Cell Phone: _____

Approved Chaperone: _____ Cell Phone: _____

7. Signatures of Consideration

_____	_____	_____	_____
1) Requester's Signature (Certificated or Coach)	Date	2) Division Chairperson	Date

_____	_____	_____	_____
3) Principal Signature	Date	4) Director of Athletics (If sports related)	Date

_____ Date

5) Director of Educational Services Signature

Once your planning request is approved you will need to submit your objectives for final approval of your trip. No trip will be approved without your detailed objective

This form must be submitted for final approval of your trip

Educational Objective :

State the educational objective of the proposed trip: _____

State the educational experiences which will precede the trip: _____

State the educational experiences which will occur during the trip: _____

State the educational experiences provided following the trip: _____

How will the educational objective(s) of the trip be measured: _____

Final Approval

Director of Educational Services Signature

Date