



# MINOOKA COMMUNITY HIGH SCHOOL DISTRICT #111

## Overnight Field Trip Request

Name of Organization \_\_\_\_\_ Date Submitted \_\_\_\_\_

Name of Advisor/Coach \_\_\_\_\_

Destination \_\_\_\_\_

Date of Trip \_\_\_\_\_

Qualified for Competition \_\_\_\_\_ Annual Trip \_\_\_\_\_

Purpose of Trip: (Benefit to Students)

\_\_\_\_\_ School days out of Class

\_\_\_\_\_ Number of Students traveling Male \_\_\_\_\_ Female \_\_\_\_\_

### Supervision:

(Staff members need professional leave form)

MCHS Staff (names): \_\_\_\_\_  
\_\_\_\_\_

Type 75: \_\_\_\_\_ Y Name \_\_\_\_\_

\_\_\_\_\_ N Reason why not necessary \_\_\_\_\_

### Chaperones:

Name of Chaperone	Relationship to program (Volunteer/parent or other)	District CBI on file (Background Check Y or N)	Paying for trip: (P) Program (D) District (C) Chaperone



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**Required Documentation to be attached with request: (v) if completed or (n/a) if does not apply**

\_\_\_\_\_ Professional Leave Form  
\_\_\_\_\_ Blank Student Permission Form  
\_\_\_\_\_ Copy of Driver's License  
\_\_\_\_\_ Transportation Request  
\_\_\_\_\_ List of Students  
\_\_\_\_\_ Trip Itinerary / Agenda

**District Transportation Required:**

School Bus \_\_\_\_\_ Number required \_\_\_\_\_  
Van \_\_\_\_\_ Number required \_\_\_\_\_  
Driver 1. \_\_\_\_\_ 2. \_\_\_\_\_  
(Copy of Driver's License Necessary) (Copy of Driver's License Necessary)

Van/Bus Schedule departure time and campus:  Minooka Van/Bus  Other \_\_\_\_\_

Date of Departure \_\_\_\_\_ Time of Departure \_\_\_\_\_  South or  Central

Date of Arrival \_\_\_\_\_ Time of Arrival \_\_\_\_\_  South or  Central

**Departure Flight Information:**

Date: \_\_\_\_\_ Airport: \_\_\_\_\_ Airline: \_\_\_\_\_  
Flight number: \_\_\_\_\_ Scheduled departure: \_\_\_\_\_

**Arrival Flight Information:**

Date: \_\_\_\_\_ Airport: \_\_\_\_\_ Airline: \_\_\_\_\_  
Flight number: \_\_\_\_\_ Scheduled arrival: \_\_\_\_\_

**Lodging Information:**

Hotel/Lodging Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

Name of Person Making Reservation: \_\_\_\_\_



# MINOOKA COMMUNITY HIGH SCHOOL DISTRICT #111

## *Overnight Field Trip Request*

**Cost of Trip:**

**Itemized District Cost:**

Number	Item	Unit/Cost	# of Days	Total per Item
	Lodging			
	Meal			
	Parking			
	Travel			
	Miles:			
	Driver round trip			
			<b>Total</b>	

**Itemized Organizational Cost:**

Number	Item	Unit/Cost	# of Days	Total per Item
	Lodging			
	Meals			
	Registration			
	Parking			
	Travel			
			<b>Total</b>	\$

Activity Director  
 Recommendation \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

Principal's  
 Recommendation \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

Superintendent  
 Approval \_\_\_\_\_ Date: \_\_\_\_\_