

**TRIP PLAN**

Chancellor’s Regulation A-670

Attachment No. 1

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A DETAILED ITINERARY MUST BE GIVEN TO THE PRINCIPAL AND ATTACHED TO THIS FORM

**1.** School:

Class(es)

**2.** Destination: No change permitted without new consent form and authorization

**3.** Purpose of Trip:

**4.** Date(s) of Trip:

**5.** Time of Departure:

**6.** Time of Return

**7.** No. of Pupils to be Taken:

**8.** No. of Teachers:

No. of Other Adults:

**9.** Transportation Required:

Public

Name of Charter Bus Co.

Other

**10.** Departure Information (location and carrier):

**11.** Return Trip Information (location and carrier):

**12.** Free Transportation Passes Requested Yes

No

**13.**

Approved:

Teacher-in-Charge Principal

**14.** Name & Contact Information for Person/Company Who Arranged Travel Plans:

**15.** Food and Lodging will be Provided by:

**16.** Address & Phone No. of Lodging

**17.** Has the school determined that the facility has adequate insurance consistent with the level of risk involved (e.g., sedentary trip as opposed to outdoor, physically active trip)?

Yes

No

If yes, attach a copy of the policy.

**18.** If swimming is involved, the school has determined that a lifeguard will be on duty at all times when students are in the water. Yes

**OUT-OF-COUNTRY TRIPS**

A. Are there any current travel warnings or advisories issued by the State Department?

[(www.](http://www.cdc.gov)[cdc.gov; www.travel.state.gov)](http://www.travel.state.gov) YES

NO

If yes, please explain: B. Have you purchased Medical Insurance for each day of an out-of-country trip?

YES

NO

(attach copy of policy.)

C. Is medical preclearance required? YES

NO

If YES, attach a copy of the medical form for each student.

D. Does each student and staff member have the appropriate documentation necessary for travel to

the country/countries being visited and for return to the United States? YES

E. Copies of all students’ passports shall be maintained by the Trip Coordinator.

NO

F. At least one staff member accompanying the students must have a phone with international service.

Name of staff member:

Telephone number:

**I CERTIFY THAT ALL REQUIREMENTS OF CHANCELLOR’S REGULATION A-670 THAT RELATE TO THIS TRIP HAVE BEEN FULFILLED.**

**19.** APPROVED Principal

**20.** APPROVED\*

Superintendent

DATE DATE

\* The appropriate Superintendent must approve international trips. If there are travel advisories for the country/countries the students will be visiting, the Superintendent must consult with the Deputy Senior Supervising Superintendent prior to making a determination whether to approve the trip