

PRELIMINARY PLANNING FORM
Student Travel

School: _____

Group (grades and number of students): _____

Teacher Leader: _____ **Substitute Leader:** _____

Total Number of Chaperones (including leaders): _____

Destination(s):

Departure Date: _____ **Return Date:** _____

Number of instructional days involved (maximum of 5): _____

Businesses and funds owed to each if the trip is cancelled (e.g. tour operators, transportation companies, hotels, etc.):

Estimated Budget: Attach showing major revenues and expenses.

Curricular Connections: _____

Pre- and Post-Travel Educational Activities: _____

Principal Signature: _____

Approval of detailed planning: **Granted**

Director of Education or Designate Signature: _____ **Date:** _____