

OAK RIDGE SCHOOLS

CAMPUS LEAVE REQUEST – Overnight Trip

Accommodations: Overnight lodging for students must be appropriately selected with student safety, quality of accommodations, cost, and location to events as central considerations. Students should be appropriately assigned to rooms and an overnight adult supervision and contact plan should be established and communicated to students.

School: _____ **Date:** _____

The following group requests permission to leave the school campus to participate in the educational activity indicated below. Parental permission will be obtained for each student.

Class/Group Requesting Permission: _____

Educational Activity: _____

Destination: _____

Purpose of Trip: _____

Departure Date: _____ **Departure Time:** _____

Return Date: _____ **Return Time:** _____

Mode of Transportation: _____

First Student Transportation Contractor School System Van Air Travel

NOTE: Only ORS employees are authorized to drive school system vans.

School System Van – Name of Driver: _____

Driver's License Verified by: _____ **Attach copy of driver's license**

Transportation Contractor: _____ **Phone #:** _____

(Only approved transportation companies may be used. Refer to ORS website for list of approved companies)

Air Travel Flight #'s: _____

Hotel/Motel Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Contact Person:** _____

Number of Nights: _____ **Hotel Rating:** _____

Name of School Sponsor/Date: _____

Signature of School Sponsor: _____ **Cell #:** _____

Minimum requires teacher to student ratio:

PreK – 3 yr olds 1:4 K-2nd 1:6 3rd-4th 1:10 5th-8th 1:12 9th-12th 1:15
4 yr olds 1:6

of Students: _____ # of Adults: _____ Chaperone/Student Ratio: _____

Professional Staff Chaperone(s)

1. Name: _____ Cell #: _____
2. Name: _____ Cell #: _____
3. Name: _____ Cell #: _____
4. Name: _____ Cell #: _____

Other Chaperone(s):

1. Name: _____ Cell #: _____
2. Name: _____ Cell #: _____
3. Name: _____ Cell #: _____
4. Name: _____ Cell #: _____

Field Trips which exceed \$25,000, involve out of the country travel, out of state travel or overnight stay require School Board approval, regardless of fund raising, Booster Club participation or other contributions. Please follow these guidelines when requesting approval of such trip:

1. *Submit an "Item for Action" for the Board Agenda (Principals have directions on submitting Board Agenda items).*
2. *Attach as documentation the following items"*
 - *Completed Campus Leave Request*
 - *Details of Trip/Itinerary*
 - *Justification/Explanation of Cost (per student/chaperone/total)*
 - *Financial Arrangements for students who cannot afford trip (if any)*
 - *Insurance Details*
 - *Out of country travel requires a release for each student participant*

Financial Arrangements: (please indicate method)

No Cost Paid by Students Paid by School Paid by School System

Substitute Required Acct to be charged for Substitute _____

\$ _____ Per Student TOTAL TRIP AMOUNT: \$ _____

Provisions for those students unable to pay: _____

Other information, comments, and special arrangements: (foreseeable hazards must be identified)

Staff Member: _____

Date: _____

Athletic Director: _____

Date: _____

This Section for Athletic Trips Only

At the high school level up to three events and/or tournaments per season can involve an overnight trip. However, no more than one day of school may be missed for these trips. (Under certain conditions, the Superintendent of Schools or designee may approve additional events.? These trips must be paid entirely from funds outside the Oak Ridge High School Athletic Department. TSSAA Tournament games would be an exception to this policy. (All overnight trips involving middle school athletics require Superintendent or designee approval.)

Number of overnight trips (including this request) requested during the current school year: _____

Athletic Director Signature: _____

Date: _____

Principal's Action:

Approved:

Disapproved:

Principal's Signature: _____

Date: _____

Superintendent or Designee's Action: Approved:

Disapproved:

Superintendent or Designee's Signature: _____

Date: _____

Board Approval Date: _____