



# MINOOKA COMMUNITY HIGH SCHOOL DISTRICT # 111

## Overnight Field Trip Request

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

*(Submit 3 weeks prior to Board Meeting)*

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: \_\_\_\_\_

Confirmation for drivers lodging (if applicable) \_\_\_\_\_



# MINOOKA COMMUNITY HIGH SCHOOL DISTRICT # 111

## *Overnight Field Trip Request*

**Cost of Trip: per student**

**Itemized District Cost: Airport Transportation**

Number	Item	Unit/Cost	# of Days	Total per Item
	Lodging			
	Meal			
	Parking			
	Travel			
	Miles:	\$1.87/mile		
	Driver round trip	\$17.67/hr.	hrs. total per	
			<b>Total</b>	\$

**Itemized Organizational Cost:**

Number	Item	Unit/Cost	# of Days	Total per Item
	Lodging			
	Meals	\$7.00		
	Registration			
	Parking			
hrs.	Nurse	/hr.		
( ) est.	Trip Package			
			<b>Total</b>	\$

Hours of Driving: The Federal Motor Carrier Association recommends a 15 hour limit. Bus drivers may not drive after having been on duty for 15 hours, following 8 consecutive hours off duty. Off-duty time is not included in the 15-hour period.

Arrival Times & Departure Time: The exception is that our school buses will be back at our school by 11:00 pm. In the event of an overnight trip travel between 11:00 pm & 6:00 am is not allowed unless there is prior approval of the transportation director.

Lodging: For overnight trips the expectation is that there will be appropriate lodging for drivers and the driver is given a confirmation number.

Activity Director's Approval \_\_\_\_\_

Date: \_\_\_\_\_

Principal's Approval \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent Approval \_\_\_\_\_

Date: \_\_\_\_\_