



ARDMORE CITY SCHOOLS
SIMPLY THE BEST

Request for an Out-of-State Student Trip

*Request must be submitted to Superintendent
at least 2 months prior to trip*

Date of Request

Date of Trip

Requesting Organization

School/Campus Assigned

Sponsors Name

Work Phone

Home Phone

Purpose of Trip

Trip Location

Total Cost of Trip

\$

Mode of Transportation Requested

District

Other

Specifics i.e. (school bus, charter bus, private vehicles ...)

What is the educational value for the students?

How do you plan to finance this trip?

Number of Students Participating

Attach list of students participating

What are your plans for proper supervision for students?

Number of Adults Participating

Attach list of adults attending

Signature of Sponsor

Signature of Principal

Superintendent

___ Approved

___ Denied

Signature

Date:

Board of Education

___ Approved

___ Denied

Signature

Date: