

**ASHLAND PUBLIC SCHOOLS
OUT-OF-STATE TRIP REQUEST**

School or Departments and grade levels involved: _____

Person making request: _____

Destination: _____ Lodging Arrangements: _____

Date of Departure: _____ Date of Return: _____

Purpose of Trip: _____

Number of Students Attending: _____ Number of Chaperones: _____ School Days Missed: _____

Brief description of training provided for chaperones: _____

Type of Transportation: _____

Type of Insurance Coverage: _____

Amount and Source of Revenue: _____

Has the trip been taken before? Yes ___ No ___ When: _____

Comments: _____

Requested By

Signature of Principal

Date Requested

**Please attach itinerary.

=====OFFICE USE ONLY=====

Approved _____ Disapproved Date _____