

Application for Student Travel



School USE Only - Student travel requests must be entered in Oracle for approval.

Main Information:					
School name:		ORACLE Unit#:		CPS School ID:	
Travel Destination:					
Travel Days and Dates	Total # of Travel Days:	Departure Date:	Time:	Return Date:	Time:
Name of Coordinator and/or Lead Chaperone:					
Purpose of Travel:					
Trip Information:					
Educational Benefits to be derived: (Use an additional sheet of paper to explain the purpose of trip, if needed.)					
Trip Category: <input type="checkbox"/> Category 1/International <input type="checkbox"/> Category 2/Overnight <input type="checkbox"/> Category 3/Day Trip <input type="checkbox"/> Category 4/Interscholastic					
Name of Tour Operator (if applicable):			Tour Operator Tel. #:		
Name of Bus Company:			Bus Company Tel. #:		
School Tour Supervisor:		Tel. # Day:		Tel. # Emergency:	
Participants:					
Grade Level of Students:			# of Students:		
# of Parent Volunteers:		+ # of School Staff:		= Total Chaperones:	
<i>According to Amended Board report 12-26-97 a minimum of two (2) chaperones are required on all trips and (1) one being a certified teacher.</i>					
Names of Chaperones: (Use back of form, if needed.)					
Financial:					
Trip Funding	Cost for all Students \$:		Cost per person \$:		Total Transportation \$:
	Cost for Chaperones \$:		From Fundraising \$:		
	Total Trip Cost \$:		Budget Classification: (if applicable)		
Financial Resources (check one)	<input type="checkbox"/> Student Fees	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Grants	<input type="checkbox"/> School Funds	
Insurance:					
<i>All Category 1 <u>must</u> have Travel Insurance for all participants. See Student Travel Guidelines for further information.</i>					
School Principal Certification:					
I certify that: (1) a release form is on file at this school for each student and chaperone who will participate in the trip/tour, (2) that buses departing from Chicago, be on the Current Approved Bus Vendor listing or Certified Coach listing and (3) no student has been excluded due to financial reason.					
Signature of Principal: _____			Date: _____		

Questions regarding Educational Travel Procedures should be directed to the Department of Education Policy and Procedures at 773.553.3733. Please keep on file for auditing purposes.