



APPROVAL FORM

DATE: August 17, 2016

TO: Principals

FROM: Catherine L. Mitchell, Gabriel E. Lofton
and William M. Myles

RE: Field Trips Outside of the City Limits (more than 40 miles),
ALL Overnight and International Travel

**INTER-OFFICE
CORRESPONDENCE**

Office of the Deputy Superintendent and
Assistant Superintendents * Fax: (513) 363-0055

If you plan to travel **more than 40 miles outside of the city limits, stay overnight (distance does not matter), or international travel, complete the below portion of this form and return to my office before** the scheduled field trip. As Principal, you need **to review and approve all travel plans** to ensure that the **guidelines** for travel have been followed and **staff members supervise** the field trip. Also, keep a copy of the final field trip itinerary on file.

It is absolutely essential all efforts are made to ensure that all travel relates to educational goals and objectives. According to the guidelines adequate adult supervision must be provided. It is important all required payments have been made and arrangements confirmed **before leaving on the trip.**

Remind staff that you should be notified if it becomes necessary, while traveling, to alter the field trip itinerary in any way. Please return this completed form to your supervisor via email or fax (363-0055) before the scheduled trip.

School Name: ___ **Principal:** ___

Destination (Name and Location): ___

Departure Date/Time: ___ **Return Date/Time:** ___

Administrator/Teacher in Charge: ___ **Mobile Phone Number:** ___

Emergency Contact Name: ___ **Mobile Phone Number:** ___

Chaperone Name / Mobile Number

___ / ___ CPS Employee: ___ yes ___ no

___ / ___ CPS Employee: ___ yes ___ no

___ / ___ CPS Employee: ___ yes ___ no

___ / ___ CPS Employee: ___ yes ___ no

The above listed chaperones have completed the required background checks as required on the attached CPS Office of Safety and Security Services District Form 8475-1F1 before travel.

Total number of Students (approximate): ___ **Total number of Adults (approximate):** ___

Mode of Transportation: ___

Miscellaneous: ___

(OGC Revised 8/12/2016)

CENTRAL OFFICE USE ONLY

Approved By: _____
Signature Title Date