

Oak Ridge Schools
CAMPUS LEAVE REQUEST – Day Trip

School: _____ Date: _____

The following group requests permission to leave the school campus to participate in the educational activity indicated below. Parental permission to be obtained for each student.

Class/Group Requesting Permission: _____

Educational Activity: _____

Destination: _____

Purpose of Trip: _____

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Name of School Sponsor: _____ Cell #: _____

of Students: _____ # of Adults: _____ Chaperone/Student Ratio: _____

Minimum required teacher to student ratio:

Pre-K – 3 year olds 1:4 K-2nd 1:6 3rd-4th 1:10 5th-8th 1:12 9th-12th 1:15
4 year olds 1:6

Professional Staff Chaperone(s):

1. Name: _____ Cell #: _____

2. Name: _____ Cell #: _____

3. Name: _____ Cell #: _____

4. Name: _____ Cell #: _____

Other Chaperone(s):

1. Name: _____ Cell #: _____

2. Name: _____ Cell #: _____

3. Name: _____ Cell #: _____

4. Name: _____ Cell #: _____

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Financial Arrangements: (please indicate method)

____ No Cost ____ Paid by Students ____ Paid by School ____ Paid by School System

____ Substitute Required Acct to be charged for Substitute _____

\$ _____ Per Student TOTAL TRIP AMOUNT: \$ _____

Provisions for those students unable to pay: _____

Other information, comments, and special arrangements: (foreseeable hazards must be identified)

Mode of Transportation: (circle below)

First Student Transportation Contractor School System Van

Note: Only ORS employees are authorized to drive school system vans.

School System Van – Name of Driver _____

Driver's License Verified By: _____

Attach copy/copies of driver's license

Transportation Contractor: _____ Phone #: _____

(Only approved transportation companies may be used, see ORS website for a list of approved companies)

School Sponsor Printed Name: _____

Signature: _____

Date: _____

Principal's Action: Approved: _____ Disapproved: _____

Principal's Signature: _____ Date: _____