

Oak Ridge Schools
CAMPUS LEAVE REQUEST – Overnight 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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Field Trips which exceed \$25,000 or involve out of the country travel require School Board approval, regardless of fund raising, Booster Club participation or other contributions. Please follow these guidelines when requesting approval of such trip:

1. Submit an "Item for Action" for the Board Agenda (Principals have directions on submitting Board Agenda Items).
2. Attach as documentation the following items:
 - Completed Campus Leave Request
 - Details of Trip/Itinerary
 - Justification/Explanation of Cost (per student/chaperone/total)
 - Financial Arrangements for students who cannot afford trip (if any)
 - Insurance Details
 - Out of country travel requires a release for each student participant.

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: (check below)

First Student Transportation Contractor School System Van Air Travel

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)

Air Travel Flight #'s: _____

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Accommodations: *Overnight lodging for students must be appropriately selected with student safety, quality of accommodations, cost and location to events as central considerations. Students should be appropriately assigned to rooms and an overnight adult supervision and contact plan should be established and communicated to students.*

Hotel/Motel Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact Person: _____

Number of Nights: _____ Hotel Rating: _____

School Sponsor Signature: _____

Date: _____

This Section for Athletic Trip Only

At the high school level up to three events and/or tournaments per season can involve an overnight trip. However, no more than one day of school may be missed for these trips. (Under certain conditions, the Superintendent of Schools or designee may approve additional events.) These trips must be paid entirely from funds outside the Oak Ridge High School Athletic Department. TSSAA Tournament games would be an exception to this policy. (All overnight trips involving middle school athletics require Superintendent or designee approval.)

Number of overnight trips (including this request) requested during the current school year: _____

Athletic Director Signature: _____

Date: _____

Principal's Action: Approved: _____ Disapproved: _____

Principal's Signature: _____ Date: _____

Superintendent or Designee's Action: Approved: _____ Disapproved: _____

Superintendent or Designee's Signature: _____ Date: _____

Board Approval Date (if required): _____