

Raymond School District Policy – EEAF-R\*

STUDENT OVERNIGHT TRAVEL

School: \_\_\_\_\_

Organization: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Sponsor (if other): \_\_\_\_\_

Destination: \_\_\_\_\_

Dates: Departure: \_\_\_\_\_ Return: \_\_\_\_\_

Any Days of School Missed?: \_\_\_\_\_

How Many?: \_\_\_\_\_

Insurance Coverage  
By Travel Group

Insurance Agency: \_\_\_\_\_

Attach Copy

Certificate of Insurance: \_\_\_\_\_

Number of Insurance Certificate

Amount: \_\_\_\_\_

Cost Per Student: \$ \_\_\_\_\_ Total Number of Students: \_\_\_\_\_

Cost to School: \$ \_\_\_\_\_ Total Number of Chaperons: \_\_\_\_\_

(if any)

Transportation Provided by: \_\_\_\_\_

Fully Insured: - Name of Insurance Co. \_\_\_\_\_

Educational Purpose of Trip: \_\_\_\_\_

Detailed Itinerary: (Use attached sheet if necessary)