

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)

Reviewed: May 16, 2002

Reviewed: October 17, 2018