

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 29, 2018