



Book District Regulations/Exhibits - Jeffco Public Schools
Section J: Students
Title International/Domestic Overnight Student Travel Request for Approval
Code JJH-E1
Status Active
Adopted April 1, 2003
Last Revised June 9, 2008
Last Reviewed April 29, 2013

**International/Domestic Overnight Student Travel
Request for Approval**

School: _____
School group: _____
Trip Destination: _____
Sponsor(s): _____

Date(s) of trip: _____

Purpose of trip: _____

EDUCATIONAL ASPECTS

Is class credit involved? _____ yes _____ no If yes, enclose explanation of educational objectives.

SPECIFIC DATA

Number of Student District: _____ Non-District: _____ Total Students
Participants: Participating: _____

Only teachers or other school staff members or coaches may be included as approved sponsors (unless approved, otherwise, by community superintendent.) A list of names of district participants (student, teachers and other staff members) must be turned in to the community superintendent 30 days before the trip. The recommended teacher/staff sponsor to student ratio is 1:10.

Number of teacher sponsors _____, expenses to be included with students.

Number of teacher sponsors _____, expenses to be paid individually.

Number of other staff members _____, expenses to be included with students.

Number of other staff _____, expenses to be paid individually.
members

Number of non-district/parent chaperones (approval must be granted by community superintendent) via exhibit JJH-E9 _____, expenses to be included with students.

Number of non-district/parent chaperones (approval must be granted by community superintendent) via exhibit JJH-E9 _____, expenses to be paid individually.

How many days will student be out of school?

Number of substitute teacher days required _____
for this trip:

If other schools are involved, please identify: _____

The estimated cost of the trip per student is: \$_____

Whenever Jefferson County School students are engaged in overnight travel, international or domestic, parents or guardians must attend a mandatory informational meeting. The exception is when a student or team is participating in a competitive post season activity.

Checklist for parent meeting:

- (*) _____ must be included in packet submitted to community superintendent
- _____ Review District Policy JJH and Regulation JJH-R
- _____ * Review District Exhibit JJH-E2, Student Responsibility Sign-Off
- _____ *Review District Exhibits JJH-E3, Parent/Guardian Transportation Authorization
- _____ *Review District Exhibits JJH-E4, Parent/Guardian Emergency Form (medical insurance must be secured)
- _____ *Parent letter that must include: itinerary, dates, times, locations, arrival and return, list of all sponsors’ and supervisors’ names that will be participating, emergency procedures, phone numbers and locations, and other pertinent information (include list) not required for competitive post season activity.
- _____ *Obtain liability coverage from Risk Management which specifically protects the District from claims originating outside the United States (international travel only)
- _____ ID’s/Passport documentation (international travel only)

Non district sponsored trips

- _____ Review district policy JJH and regulation JJH-R, International/Domestic Overnight Student Travel
- _____ District Exhibit JJH-E5, Teacher Sign-Off / Non-School Sponsored
- _____ District Exhibit JJH-E6, Parent Letter / Non-School Sponsored
- _____ Submit copy of District Exhibit JJH-E5 and JJH-E6 to community superintendent

Attestation of sponsor(s)

I will not accept any honorarium, fee or payment (other than direct trip expenses) for my participation or for any student's participation in this travel program. I have read and am familiar with Policy JJH, Regulation JJH-R, and all Exhibits. I acknowledge that this is a District sponsored activity and I will adhere to Policy GBEC and GBEC-R as well as all District policies.

_____ Sponsor's Signature	_____ Date
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_____ Sponsor's Signature	_____ Date
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_____ Sponsor's Signature	_____ Date
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PRINCIPAL APPROVAL

_____ Principal's Signature	_____ Date
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COMMUNITY SUPERINTENDENT APPROVAL

_____ Community Superintendent's Signature	_____ Date
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