

# Drew Central High School Off-Campus Travel Plan



Copy to transportation director

This form must be completed by the trip sponsor and returned to the Principal's Office at least five days prior to the trip.

Sponsor: \_\_\_\_\_ Class/Group \_\_\_\_\_

Destination \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

Telephone Numbers to reach you during the trip in case of emergency:

\_\_\_\_\_/\_\_\_\_\_

**If overnight list Motel/Hotel, address and phone number:**

\_\_\_\_\_

Departure Date/Time: \_\_\_\_\_/\_\_\_\_\_ Return Date/Time: \_\_\_\_\_/\_\_\_\_\_.

Mode of Transportation:

School Bus  Private Automobiles  Other (describe) \_\_\_\_\_

Chaperones/Other Adults:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Students: (Attach list or fill in below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_