



## **FIELD TRIP INTERNATIONAL INFORMATION FORM**

(Below to be completed by the Administrator/Teacher in Charge)

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

Principal: \_\_\_\_ Office/Mobile Numbers: \_\_\_\_

**DESTINATION:** \_\_\_\_

Administrator/Teacher in Charge: \_\_\_\_

Office/Mobile Numbers: \_\_\_\_

### **TRAVEL INFORMATION**

#### ***To Destination***

Departure Date: \_\_\_\_ Airline: \_\_\_\_ Flight No.: \_\_\_\_ Arrival Time: \_\_\_\_

#### ***From Destination***

Departure Date: \_\_\_\_ Airline: \_\_\_\_ Flight No.: \_\_\_\_ Arrival Date: \_\_\_\_

Miscellaneous: \_\_\_\_

(Please provide a copy of final field trip itinerary before departure date.)

**CHAPERONES (total number):** \_\_\_\_

**Chaperone Name / Mobile Number**

\_\_\_\_ / \_\_\_\_ CPS Employee: \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_ / \_\_\_\_ CPS Employee: \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_ / \_\_\_\_ CPS Employee: \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_ / \_\_\_\_ CPS Employee: \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_ / \_\_\_\_ CPS Employee: \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_ / \_\_\_\_ CPS Employee: \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_ / \_\_\_\_ CPS Employee: \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_ / \_\_\_\_ CPS Employee: \_\_\_\_ yes \_\_\_\_ no

Above listed chaperones have completed the required State (BCII) and Federal (FBI) background checks as required on the attached CPS Office of Safety and Security Services District Form 8475-1F1.



PREPARING STUDENTS  
**FOR LIFE**

## **FIELD TRIP INTERNATIONAL INFORMATION FORM**

(Below to be completed by the Administrator/Teacher in Charge)

### **STUDENT INFORMATION:**

\_\_\_\_\_  
Student Name/Mobile Number      Grade: \_\_\_\_      D.O.B.    \_\_\_\_

\_\_\_\_\_  
Student Name/Mobile Number      Grade: \_\_\_\_      D.O.B.    \_\_\_\_

\_\_\_\_\_  
Student Name/Mobile Number      Grade: \_\_\_\_      D.O.B.    \_\_\_\_

\_\_\_\_\_  
Student Name/Mobile Number      Grade: \_\_\_\_      D.O.B.    \_\_\_\_

\_\_\_\_\_  
Student Name/Mobile Number      Grade: \_\_\_\_      D.O.B.    \_\_\_\_

\_\_\_\_\_  
Student Name/Mobile Number      Grade: \_\_\_\_      D.O.B.    \_\_\_\_

\_\_\_\_\_  
Student Name/Mobile Number      Grade: \_\_\_\_      D.O.B.    \_\_\_\_

\_\_\_\_\_  
Student Name/Mobile Number      Grade: \_\_\_\_      D.O.B.    \_\_\_\_

\_\_\_\_\_  
Student Name/Mobile Number      Grade: \_\_\_\_      D.O.B.    \_\_\_\_

\_\_\_\_\_  
Student Name/Mobile Number      Grade: \_\_\_\_      D.O.B.    \_\_\_\_

\_\_\_\_\_  
Student Name/Mobile Number      Grade: \_\_\_\_      D.O.B.    \_\_\_\_

\_\_\_\_\_  
Student Name/Mobile Number      Grade: \_\_\_\_      D.O.B.    \_\_\_\_

\_\_\_\_\_  
Student Name/Mobile Number      Grade: \_\_\_\_      D.O.B.    \_\_\_\_

**Submit the completed form to the Office of General Counsel via email [crablek@cps-k12.org](mailto:crablek@cps-k12.org) or fax (513) 363-0110 before the departure date.**

(Revised 8/26/2019)

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