



## **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

**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.**



## **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. \_\_\_\_

**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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