



THE LOVETT SCHOOL
Approval for International Extended Trips

Instructions

For International travel, Part I must be tentatively approved by the Division Head and Administrative Staff at least 6 months prior to trip departure. Once a tentative approval is given, Part II must be completed and approved at least 3 months prior to departure.

Part I. Tentative Approval

Section A. Trip Summary

Faculty/Staff Trip Coordinator Name _____ Date: _____

Trip Destination _____

Does the trip coordinator have an understanding of the local language, culture, social and economic conditions?
Please explain

Has the destination been visited lately? When? _____

To what extent will tours with licensed tour companies be used? _____

Date leaving _____ Date returning _____

Purpose of Trip _____

How does the trip complement the curriculum or program? _____

Planned trip activities _____

Estimated # of students _____ Student grade levels _____

Arrangements for supervision on the trip. Estimated Adult/Student Ratio _____

Explain the transportation arrangements _____



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Section B. Risk Assessment and Permission to Proceed

- 1. Are the Trip activities listed in Part I Section A above inherently or potentially dangerous?
(Includes U.S. State Department Travel Warnings)

_____ YES (Complete this section attach additional space if necessary)

_____ NO

- 2. List inherent and potential hazards. _____

- 3. Explain how students may be exposed to risk. _____

- 4. Explain how probable the exposure to risk will be. _____

- 5. Explain what protective measures are in place at the destination site. _____

- 6. Explain what other protective measures will be in place to reduce this risk. _____

Additional comments. _____

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The following individual has tentatively approved this trip for further review:

Division Head

Date



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Part II. Final Approval

Faculty/Staff Trip Coordinator Name _____ Date: _____

Have there been any significant changes to trip plans since obtaining tentative approval? If yes, then please explain.

Final # of students _____ Student grade levels _____

What will be the sleeping arrangements? _____

Adult/Student Ratio _____

Other Participating adults and their relationship to the School (i.e.) faculty, parent.

Names of any adults on trip who have first aid and/or CPR certification.

Consult with the infirmary for a list of participating students with medical/special needs. Please list names, specific needs, and attach a proposed medical/special needs plan.

Detailed Itinerary (attach details if space is insufficient)

<u>Date</u>	<u>Time</u>	<u>Activity</u>



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Please Initial:

___ The parents of participating students have been provided a detailed itinerary of the trip, information on lodging accommodations, costs, and student behavioral expectations.

___ The parents of participating students have been informed that financial aid may be available through the School's Office of Financial Aid.

___ Trip Financing Options. The Business Office has been informed of the need for the following financing options (please circle the appropriate needs)

- 1.) Cash advance *
- 2.) International traveler's checks *
- 3.) ATM card – withdrawals limited to \$505 per day **
- 4.) Debit card – withdrawals limited to \$1,005 per day. Can be used as ATM or Credit Card. **
- 5.) Floater credit card **
- 6.) Personal float and reimbursed by School

* Please allow at least a two-week notice to obtain a cash advance.

** Please allow at least a one-month notice for use of ATM, Debit, or Floater Credit Cards.

___ The Business Office will bill all participating students' families for the cost of the trip. The trip coordinator has provided the final student roster and the cost per participant to the Business Office.

___ A salary or stipend will be paid to trip coordinator or other adult chaperones. Please attach an explanation of the arrangement.

___ The Lovett School transportation will be used. Please contact Physical Plant to check on availability of fleet.

___ Other transportation will be used. Please explain _____

___ For international travel, the trip coordinator must keep a copy and also provide the Business Office with a copy of all participant passports (students and chaperones); a complete roster containing the full name of each individual on the trip, identifying themselves as either an employee, student, or chaperone; the trip dates, length of stay, and country destination; and signed copies of the Off Campus Trip and Extended-Travel Parent/Guardian Consent Form and Agreement from all participating students.

EMERGENCY PLANS

___ An emergency plan is attached to this form. The emergency plan should address at a minimum the following:

- Plans in the event that you are unable to complete the proposed activity.
- Plans that address the fact that at least one adult on the trip should have a cell phone with adequate service coverage, including international coverage.
- Plans to ensure that every person (students and adults) on the trip should have the cell phone number and an emergency call-in number so that everyone can be accounted for if the group gets separated.

The following individuals approve this plan for international travel as reported above.

Headmaster Date Academic Dean Date Business Office Date