School-Related Student Trip Request Form SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP, SCHOOL FACULTY MEMBER(S) SPONSORING TRIP TYPE OF TRIP (CHECK ONE): Classroom Field Trip Class, Trip (i,e, junior, senior), specify Organization/Club Trip, specify Other (athletic, band, if applicable) DESTINATION / ADDRESS ☐ Out of State Qut of County ☐ Within County ☐ Overnight: give name, address, phone of lodging DATE(S) OF TRIP DEPARTURE TIME & OCA RETURN TIME PURPOSE/EDUCATIONAL VALUE SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. **BILL TRIP EXPENSES TO:** $otin \mathsf{SPONSORING}$ ORGANIZATION \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY_ NUMBER OF STUDENTS 495 FACULTY SPONSORS OTHER CHAPERONES **TOTAL # OF PARTICIPANTS** MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? ☐ NO YES, SEE PROCEDURE 09.36 AP.212. ☐ CERTIFICATED COMMON CARRIER; SPECIFY ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) SUPERVISION (Attach list of names of adults accompanying students on trip.) Have all chaperones undergone the required regords AOC check and been designated by the principal/designee to supervise students? YES NO of Fagulty Sponsor Date Trip has been approved disapproved. Reason for disapproval Signature of Superintendent/Designee Date For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36. FIELD TRIP CHARGES \$.93 per mile Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week Send copy to lunchroom: ☐ Yes ΠNo Admission to event provided by sponsor: Bus limits: 2 persons per seat Overnight lodging: Single room Driver time starts 15 min. before departure and ends 15 min.

after arrival

Driver requested: 1

Illn Huff Number of buses requested: