School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.	
SCHOOL SCES FACULTY MEMBER(S) SPONSORING TRIP Beverly Hill, Connie	
TYPE OF TRIP (CHECK ONE):	Bowman
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify	
Organization/Club Trip, specify GT- 4m + 5th Grade Other (athletic, be	and, if applicable)
DESTINATION Exercise Office ADDRESS Mt. Wash. Rd. Twile PH	
Overnight: give name, address, phone of lodging	2.40
DATE(S) OF TRIP Oct. 7 DEPARTURE TIME 1:00 RETUR PURPOSE/EDUCATIONAL VALUE Student Condenship Program	
SOURCE OF FUNDING FOR TRIP GT Senices	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO:	
☑ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,	SPECIFY
NUMBER OF STUDENTS 45 FACULTY SPONSORS 2 OTHER CHAPERONES TOTAL # OF PARTICIPANTS 47	
MODE OF TRANSPORTATION Plan to walk students to	o Ext. Office - Unles
IS DISTRICT TRANSPORTATION NEEDED? DNO 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 records AOC check and been principal/designee to supervise students?	designated by the 23-20/3 Date
Trip has been approved disapproved. Reason for disapproval	
Md Z 8-23-7	
Signature of Superintendent/Designee Da	N2110
For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by po	olicy 09.36.
FIELD TRIP CHARGES \$.93 per mile Meals provided by sponsor	
Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week Meals provided by sponsor.	: □ Yes □ No
Admission to event provided by sponsor: \square Yes \square No Send copy to lunchroom: Bus limits: 2 persons per se	☐ Yes ☐ No at
Overnight lodging: Single room Driver time starts 15 min. before departure and ends 15 min.	
after arrival Driver requested: 1 2 Number of buses requested:	