

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP 4TH – 5TH

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 COMMUNITY CENTER . ADDRESS 301 W WALNUT STREET PHONE 781-8878☐ Out of State ☐ Out of County ☒ Within County☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP APRIL 25 DEPARTURE TIME 1:00 RETURN TIME 2:30PURPOSE/EDUCATIONAL VALUE ARBOR DAY PRESENTATIONSOURCE OF FUNDING FOR TRIP NO COST*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 37 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 39

MODE OF TRANSPORTATION

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No*Signature of Faculty Sponsor*4-7-14*Date*Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____*Signature of Board Chairperson**Date*

For overnight and/or out-of-state trips, approval of the Board may be required by policy 09.36.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23

Review/Revised:7/11/13