

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.
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FACULTY MEMBER(S) SPONSORING TRIP PRESCHOOL-2<sup>ND</sup>

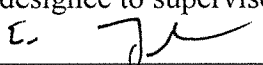
## TYPE OF TRIP (CHECK ONE):

☒ Classroom Field Trip    ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_☐ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable) \_\_\_\_\_DESTINATION SOUTHGATE FIRE DEPT. ADDRESS 122 ELECTRIC AVE. PHONE 441-1442☐ Out of State    ☐ Out of County    ☒ Within County☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP APRIL 22 DEPARTURE TIME 8:30 RETURN TIME 12:30PURPOSE/EDUCATIONAL VALUE FIRE SAFETYSOURCE 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 90 FACULTY SPONSORS 8 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 98

## 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