

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Lion's Pride and Ms. Andersen

## 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 Bowling Alley ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

- ☐ Out of State ☐ Out of County ☒ Within County

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP 5-23-14 DEPARTURE TIME 1:00 RETURN TIME 2:50PURPOSE/EDUCATIONAL VALUE Wor Bar Top competitionSOURCE OF FUNDING FOR TRIP Lions Pride*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 22 FACULTY SPONSORS 2 OTHER CHAPERONES 1TOTAL # OF PARTICIPANTS 25MODE OF TRANSPORTATION walk☐ 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 ☐ NoE. J. [Signature]  
Signature of Faculty Sponsor5-7-14  
DateTrip 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