Copies: PCOTION ARWOLD 1-20-15 0 School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.
SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP JOY THOMPSON
TYPE OF TRIP (CHECK ONE):
Classroom Field Trip
☐ Organization/Club Trip, specify ☐ Other (athletic, band, if applicable)
-67 (rip p. 1 //1 Ting Barrett
DESTINATION Kichward, ADDRESS PHONE 857-582
□ Out of State ② Out of County □ Within County 93/3
Overnight: give name, address, phone of lodging
DATE(S) OF TRIP TWO DEPARTURE TIME 8:00 RETURN TIME 6:00 PM
PURPOSE/EDUCATIONAL VALUE To view a 45 Mock Trial Conjugation
SOURCE OF FUNDING FOR TRIP! SCMS+ &T
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 5 FACULTY SPONSORS 2 OTHER CHAPERONES
TOTAL # OF PARTICIPANTS // (arel Heradon)
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? NO DYES, SEE PROCEDURE 09.36 AP.212.
☐ CERTIFICATED COMMON CARRIER; SPECIFY Van
☐ 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 designated by the
principal/designee to supervise students? DYES DNO
Structure of Equity Spanson
// Signature of Faculty Sponsor / Date
Trip has been approved disapproved. Reason for disapproval
Matt Alarga >
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  Meals provided by sponsor: ☐ Yes ☐ No
Regular hourly rate for driver, plus overtime if driver's hours
exceed 40 per week
Admission to event provided by sponsor:
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: