School-Related Student Trip Request Form

NOTE: Field trip packets that require Board approval will only be approved at the first regular Board meeting each month; if your trip does not require Board approval, please Ssubmit this your forms one three (13) weeks prior to the trip.

SCHOOL _____ FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (I.E. CLASSROOM, ORGANIZATION, CLUB, ATHLETIC, BAND) (CHECK ONE):_____

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

☐ Organization/Club Trip , specify _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION NAME _____ DESTINATION ADDRESS _____

DESTINATION PHONE _____

☐ Out of State ☐ Out of County ☐ Within County

☐ Overnight; give name, address, phone of lodging _____

_____

LODGING NAME _____ LODGING ADDRESS _____

LODGING PHONE _____

DATE(S) OF TRIP_____ DEPARTURE TIMETIME OF DEPARTURE _____

RETURN TIME _____

PURPOSE/EDUCATIONALVALUE:_____

_____

_____

SOURCE OF FUNDING FOR TRIP _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: (I.E. ☐ SPONSORING ORGANIZATION, ☐ SCHOOL COUNCIL, ☐ BOARD) ☐ OTHER, SPECIFY _____

NUMBER OF: STUDENTS ____

NUMBER OF FACULTY SPONSORS ____

OTHER CHAPERONES ____

TOTAL # OF PARTICIPANTS ____

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ 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 TRIPSTUDENTS AND CHAPERONES)

HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? ☐ YES ☐ NO

Employee Signature: _____

Principal Signature: _____

Supervisor Signature: _____

Field Trip Designee Signature: _____

Superintendent Signature: _____

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School-Related Student Trip Request Form

_____ _____
~~*Signature of Faculty Sponsor* *Date*~~

~~Trip has been ☐ approved ☐ disapproved. Reason for disapproval~~ _____
_____
_____
_____ _____
~~*Signature of Principal* *Date*~~

_____ _____
~~*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.~~

~~**RELATED PROCEDURES:**~~

~~09.36 AP.211, 09.36 AP.212, 09.36 AP.23~~