School-Related Student Trip Request Form SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP. SCHOOL FACULTY MEMBER(S) SPONSORING TRIP TYPE OF TRIP (CHECK ONE): ☐ Organization/Club Trip, specify Other (athletic, band, if applicable) DESTINATION ☐ Out of State ☐ Out of County ☐ Within County Overnight: give name, address, phone of lodging DATE(S) OF TRIP DEPARTURE TIME RETURN TIME PURPOSE/EDUCATION SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO:  $\square$  SPONSORING ORGANIZAŢIQN  $\square$  SCHOOL COUNCIL  $\square$  BOARD  $\square$  OTHER, SPECIFY\_ NUMBER OF STUDENTS 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 trip.) Have all chaperones undergone the required records AOC check and been designated by the principal/derignee Ap supervise students? ☐ YES ☐ NO Signature of Faculty Sponsor Trip has been approved disapproved. Reason for disapproval Signature of Superintendent/Designee Date For overnight and/or out-of-state typs, 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 Send copy to lunchroom: ☐ Yes ПМо Admission to event provided by sponsor: ☐ Yes ☐ No Bus limits: 2 persons per seat Overnight lodging: Single room Driver time starts 15 min. before departure and ends 15 min. after arrival

Driver requested: 1.

Number of buses requested: