COPIED: CRENSHAW
PLANCASTER 2-19-16 *eg*
MGROSS
ARNOLD

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.

SCHOOL _SCMS_ FACULTY MEMBER(S) SPONSORING TRIP _Michelle Gross_

TYPE OF TRIP (CHECK ONE):

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

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

DESTINATION _Southeast Christian Church_ ADDRESS _Blankenbaker Pkwy_ PHONE_____

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging_____

DATE(S) OF TRIP _April 29, 2016_ DEPARTURE TIME _5:00_ RETURN TIME _9:00_

PURPOSE/EDUCATIONAL VALUE

A concert for FCA students (Christian)

SOURCE OF FUNDING FOR TRIP _Students will pay initially FCA acct_

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 _20_ FACULTY SPONSORS _1_ OTHER CHAPERONES _9_

TOTAL # OF PARTICIPANTS _30_

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) _parents driving their own children_

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?   ☒ YES ☐ NO

Michelle Gross   _2/19/16_
Signature of Faculty Sponsor   Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval_____

M Mercer   _2/19/16_
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

Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week

Meals provided by sponsor: ☐ Yes   ☐ No

Admission to event provided by sponsor: ☐ Yes ☐ No

Send copy to lunchroom: ☐ 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._____ 2. _____ Number of buses requested:_____

White Copy - Central Office   Yellow Copy - Bus Driver   Pink Copy - School Sponsor