

15.1  
OF

## School-Related Student Trip Request Form

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

SCHOOL SCES FACULTY MEMBER(S) SPONSORING TRIP Baird/Thomas

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☒ Organization/Club Trip, specify Academic Team ☐ Other (athletic, band, if applicable)

DESTINATION Skuzone ADDRESS Alliant Way PHONE \_\_\_\_\_

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP April 13 DEPARTURE TIME 4:00 RETURN TIME Drop off

PURPOSE/EDUCATIONAL VALUE

Celebration for Third place Regional Winners

SOURCE OF FUNDING FOR TRIP Parents

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 15 FACULTY SPONSORS 2 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/designee to supervise students? ☒ YES ☐ NO

Shamir J. Smith  
Signature of Faculty Sponsor

\_\_\_\_\_  
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

M. J. Smith  
Signature of Superintendent/Designee

4-12-16  
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: \_\_\_\_\_

# Instructional Plan for Field Study/Special Event Learning Experience

Teacher: Baird / Thomas

Class: Academic Team

Date: April 13, 2016

Class Size: 15

## Instruction Plan

### PRE Activities

Practices, District and Regional Competition

### POST Activities

N/A

### Reading/Writing/Math/Science/Social Studies/Arts and Humanities Strategies (Use any that apply)

N/A

### Choose one post-assessment of learning activity:

- ☐ Open Response Prompt: \_\_\_\_\_
- ☐ Student Product: \_\_\_\_\_
- ☐ Performance Event: \_\_\_\_\_
- ☐ Writing for Authentic Audience: \_\_\_\_\_

### Adaptations or Special Strategies (if applicable)

Reward for 3rd Place Regional Team (11)