

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.
SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP DCox , L Pencol
TYPE OF TRIP (CHECK ONE);
Classroom Field Trip Class Trip (i.e., junior, senior), specify Uth Gode
☐ Organization/Club Trip, specify ☐ Other (athletic, band, if applicable)
DESTINATION Brighting est ADDRESS Boilson PHONE
☐ Out of State ☑ Out of County ☐ Within County
Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 5/24/1(0 DEPARTURE TIME 4:30 RETURN TIME 2:00
DIIDDOCE/EDIICATIONAL VALUE Zania
SOURCE OF FUNDING FOR TRIP 5BOM FUNDS
NO CTUDENT CHALL DE DENIED THE TRUD DECAMES OF AN ELECTRON
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO:
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□ SPONSORING ORGANIZATION □ SCHOOL COUNCIL □ BOARD □ OTHER, SPECIFY
NUMBER OF STUDENTS 216 FACULTY SPONSORS 7 OTHER CHAPERONES 15
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?
Signature of Faculty Sponsor Date
24.0
Trip has been □ approved □ disapproved. Reason for disapproval
1/1/1000
Signature of Superintendent/Designee 9/19/16 Date
or overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36.
FIELD TRIP CHARGES
© 03 nor mile
Regular hourly rate for driver, plus overtime if driver's hours
exceed 40 per week
Send copy to lunchroom: ☐ Yes ☐ No
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: 12Number of buses requested: