School-Related Student Trip Request Form

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

SCHOOL _SCMS_ FACULTY MEMBER(S) SPONSORING TRIP _ECE teachers_

TYPE OF TRIP (CHECK ONE):

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

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

DESTINATION _Floyd Fork Park_ ADDRESS _English Station Rd_ PHONE _____

☐ Out of State ☑ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging_____

DATE(S) OF TRIP _5-19-16_ DEPARTURE TIME _9AM_ RETURN TIME _2pm_

PURPOSE/EDUCATIONAL VALUE _ECE rewards Educational Geology_

SOURCE OF FUNDING FOR TRIP _Students / ECE / ADMIN_

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 _83_ FACULTY SPONSORS _7_ OTHER CHAPERONES_____

TOTAL # OF PARTICIPANTS _90_

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

_____   _3/30/16_
Signature of Faculty Sponsor   Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval_____

Matt Nieves   _3/30/16_
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

Admission to event provided by sponsor: ☐ Yes ☐ No

Overnight lodging : Single room

Driver time starts 15 min. before departure and ends 15 min. after arrival

Driver requested: 1._____ 2._____

Meals provided by sponsor: ☐ Yes   ☐ No

Send copy to lunchroom: ☐ Yes ☐ No
Bus limits: 2 persons per seat

Number of buses requested:_____

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