School-Related Student Trip Request Form SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP 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 . ☐ Out of State Out of County ☐ Within County Overnight: give name, address, phone of lodging DATE(S) OF TRIP DEPARTURE TIME RETURN TIME 26/5 PURPOSE/EDUCATIONAL VALUE SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL/COUNCIL ☐ BOARD NUMBER OF STUDENTS FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? DNO 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 Faculty Sponsor Trip las been approved disapproved. Reason for disapproval 1 locer Signature of Superintendent/Designee 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 Meals provided by sponsor: 

Yes 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: ☐ 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: