## School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.
FACULTY MEMBER(S) SPONSORING TRIP Wanda Hayes / Melissa Heral &
Type of Trip (check one):
TYPE OF TRIP (CHECK ONE):  Class Trip (i.e., junior, senior), specify Schoolwide Peading Country Country Check Trip and if applicable)
Grganization/Club Trip, specify Go Other (atmetic, band, if applicable) Go
DESTINATION Southacte Park ADDRESS PHONE MA
Out of State Out of County Within County A Goodligate Pork
☐ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP 5/19 1 16 DEPARTURE TIME 9:00 RETURN TIME 11:00
PURPOSE/EDUCATIONAL VALUE Celebration of annual goals me
DATE(S) OF TRIP 5/19/16 DEPARTURE TIME 9:00 RETURN TIME 11:00  PURPOSE/EDUCATIONAL VALUE <u>Celebration</u> of <u>annual</u> goals ments  for the "Reading Counts" reading program
SOURCE OF FUNDING FOR TRIP (1) 17 0
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 45 FACULTY SPONSORS 2 OTHER CHAPERONES 2  TOTAL # OF PARTICIPANTS 44 C possibly 4 to 8 more students)
Mode of Transportation - Walking
☐ CERTIFICATED COMMON CARRIER; SPECIFY
☐ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)
Have all chaperones undergone the required records check and been designated by the
principal/designee to supervise students?  Yes  No
Warda & Hazs 5/3/16
Signature of Faculty Sponsor Date
Trip has been □ approved □ disapproved. Reason for disapproval
Signature of Board Chairperson Date
For overnight and/or out-of-state trips, approval of the Board may be required by policy 09.36.

## RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23

Review/Revised:7/11/13