## School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE NEXT REGULAR BOARD MEETING.
SUBMITTHIS FORM ONE WEEK FRONT TO THE STATE STAT
SCHOOL PHS. FACULTY MEMBER(S) SPONSORING TRIP Eliska Justice
Type of Trip (check one):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
DESTINATION COVIDENCE PO
Out of State Out of County Within County
Dout of State Out of County Within County  Dovernight; give name, address, phone of lodging 2 NIGHTS STA, team camp
DATE(S) OF TRIP [ 22 - 6/24/16 DEPARTURE TIME 7:00 AM RETURN TIME 11:00 pm
PURPOSE/EDUCATIONAL VALUE TEAM CAMP Boys Baskethall
PURPOSE/EDUCATIONAL VALUE 124 CAN DOTAL
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Source of funding for trip Bostens
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL DBOARD OTHER,
SPECIFYOTHER CHAPERONES OTHER CHAPERONES
NUMBER OF: STUDENTSFACULTY SPONSORSOTHER CHAPERONES
TOTAL# OF PARTICIPANTS 2M
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? In NO
☐ CERTIFICATED COMMON CARRIER; SPECIFY
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
TO THE CITE 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? \(\sigma\) Yes \(\sigma\) No
0/8/16
Signature of Faculty Sponsor Date
Trip has been 🗆 approved 🗆 disapproved. Reason for disapproval
Inp has been to approved to disapprove
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.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.22, 09.36 AP.23

Review/Revised: 8/20/01