## School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE NEXT REGULAR BOARD MEETING.  SCHOOL PHS FACULTY MEMBER(S) SPONSORING TRIP Chris Mentage Type of Trip (check one):  Classroom Field Trip Class Trip (i.e., junior, senior), specify  Granization/Club Trip, specify  Address Lacesulle, and, if applicable)  DESTINATION Lacesulle, off Address Lacesulle, at Phone  Wout of State Out of County Within County Overnight; give name, address, phone of lodging  DATE(S) OF TRIP 10 - 14 - 16 DEPARTURE TIME 3100 RETURN TIME 1000 A  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 Other, SPECIFY  NUMBER OF: STUDENTS 51 FACULTY SPONSORS 5 OTHER CHAPERONES  TOTAL # OF PARTICIPANTS 56  MODE OF TRANSPORTATION  IS DISTRICT TRANSPORTATION NEEDED? IN NO GENERAL BUSS  CERTIFICATED COMMON CARRIER; SPECIFY School Buss
TYPE OF TRIP (CHECK ONE):  Classroom Field Trip Class Trip (i.e., junior, senior), specify  Forganization/Club Trip, specify  ADDRESS  Lucasulle, orf  PHONE  DESTINATION  County  Out of State  Out of County  Within County  Overnight; give name, address, phone of lodging  DATE(S) OF TRIP  NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.  BILL TRIP EXPENSES TO:  SPONSORING ORGANIZATION  SPECIFY  NUMBER OF: STUDENTS  TOTAL# OF PARTICIPANTS  SOURCE OF TRANSPORTATION  IS DISTRICT TRANSPORTATION  NEEDED?  NO DEPARTURE TIME  ADDRESS  Lucasulle, orf  PHONE  P
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Out of State Out of County Within County Overnight; give name, address, phone of lodging  DATE(S) OF TRIP 10 - 14-16 DEPARTURE TIME 3100 RETURN TIME 1400a.  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 OTHER, SPECIFY  NUMBER OF: STUDENTS 51 FACULTY SPONSORS 5 OTHER CHAPERONES  TOTAL # OF PARTICIPANTS 56  MODE OF TRANSPORTATION  IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
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16 DICIRIL TRANSPORTATION NEDEE 22 /
CERTIFICATED COMMON CARRIER; SPECIFY School Bus
☐ 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 check and been designated by the principal/designee to supervise students?  \( \text{Yes}  \text{No} \)
fen MU 9/19/16
Signature of Faculty Sponsor Date
Trip has been □ approved □ disapproved. Reason for disapproval
9-19-18
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