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SCHOOL-Related Student Trip Request Form
SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.

V COMMENSATION TO THE TRIP.
SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP MEXCEL (AMOUND A C
TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
Organization/Club Trip, specify PTSO Other (athletic, band, if applicable)
DESTINATION SCHOOL ADDRESS PHONE
☐ Out of State ☐ Out of County Within County
DATE(S) OF TRIP 9/30/2016 DEPARTURE TIME 6:45 RETURN TIME 7:45 PURPOSE/EDUCATIONAL VALUE Tailagte Party for SCMS and then
Students will be transported to SCHS for football game. Source of funding for TRIP PTSO
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 150 FACULTY SPONSORS 4 OTHER CHAPERONES 10
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
Signature of Faculty Sponsor Date
Trip has been □ approved □ disapproved. Reason for disapproval
(VI Vesce) 9/10/16
Signature of Superintendent/Designee Date
or 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 No No 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.
ofter arrival Driver requested: 12