

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Mary Melville

**TYPE OF TRIP (CHECK ONE):**

- Classroom Field Trip  Class Trip (i.e., junior, senior), specify \_\_\_\_\_
- Organization/Club Trip, specify Leadership (g/t)  Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION Thomas More College ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

- Out of State  Out of County  Within County

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP Thurs. 12/8 DEPARTURE TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_

PURPOSE/EDUCATIONAL VALUE Enrichment for students identified in leadership

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 4 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 5

**MODE OF TRANSPORTATION**

CERTIFICATED COMMON CARRIER; SPECIFY Newport bus

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

Mary M. Melville  
Signature of Faculty Sponsor

9/30/16  
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