School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.

SCHOOL __TES__ FACULTY MEMBER(S) SPONSORING TRIP _Kinzel / Herndon_

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify_____

☐ Organization/Club Trip, specify_____ ☒ Other (athletic, band, if applicable)

Gifted / Talented

DESTINATION _Co. Offices_ ADDRESS_____ PHONE_____

☐ Out of State ☐ Out of County ☒ Within County

☐ Overnight: give name, address, phone of lodging_____

DATE(S) OF TRIP _Oct 10* 2016_ DEPARTURE TIME _10:45_ RETURN TIME _2:00_

PURPOSE/EDUCATIONAL VALUE _Leadership unit for Students_
Promoting Leader in Me

SOURCE OF FUNDING FOR TRIP _GT_

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 _10_ FACULTY SPONSORS _2_ OTHER CHAPERONES_____

TOTAL # OF PARTICIPANTS _12_

MODE OF TRANSPORTATION _Walking to Main St - T-ville_

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

Carol Herndon _9-26-16_

Signature of Faculty Sponsor — Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval_____

[signature] _9-30-16_

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.

FIELD TRIP CHARGES

$.93 per mile

Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week

Meals provided by sponsor: ☐ Yes ☐ No

Admission to event provided by sponsor: ☐ Yes ☐ No

Send copy to lunchroom: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Overnight lodging : Single room
Driver time starts 15 min. before departure and ends 15 min. after arrival

Driver requested: 1._____ 2._____ Number of buses requested:_____

* _Date may change due to availability of Co. offices_

White Copy - Central Office   Yellow Copy - Bus Driver   Pink Copy - School Sponsor