Mle School-Related Student Trip Request SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP. SCHOOL FACULTY MEMBER(S) SPONSORING TRIP TYPE OF TRIP (CHECK ONE): ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify Q Organization/Club Trip, specify Other (athletic, band, if applicable) vanie Team DESTINATION FRANKFORT CONVENTION CENTED DRESS 415 MENOS. FRANKFOR, PHONE SOZ 564-5335 ☐ Out of State ☐ Out of County ☐ Within County Overnight: give name, address, phone of lodging DATE(S) OF TRIP Feb 19, 2017 DEPARTURE TIME 11:00 **RETURN TIME** PURPOSE/EDUCATIONAL VALUE dunie team competition SOURCE OF FUNDING FOR TRIP dunie account 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 FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NHEDED? JINO ☐ YES, SEB PROCEDURE 09.36 AP.212. ☐ CERTIFICATED COMMON CARRIER; SPECIFY ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) SUPHRVISION (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? MYES INO Signature of Faculty Sponsor Date Trip has been ☐ approved ☐ disapproved. Reason for disapproved Signature of Superintendent/Designee

White Copy - Central Office

FIELD TRIP CHARGES

Admission to event provided by sponsor:

Overnight lodging: Single room

Regular hourly rate for driver, plus overtime if driver's hours

Driver time starts 15 min. before departure and ends 15 min.

\$.93 per mile

after arrival Driver requested: 1.

exceed 40 per week

Yellow Copy - Bus Driver

For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36.

☐ Yes ☐ No

Pink Copy - School Sponsor

Send copy to lunchroom:

Number of buses requested:

Bus limits: 2 persons per seat

□ No

□No

☐ Yes

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