

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP _____**HERALD AND HAMBERG**_____**TYPE OF TRIP (CHECK ONE):**

- ☒ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
- ☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION **SOUTHGATE COMMUNITY CENTER** ADDRESS _____ PHONE _____☐ Out of State ☐ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP **APRIL 21, 2017** DEPARTURE TIME **12:45** RETURN TIME **2:45**PURPOSE/EDUCATIONAL VALUE **ATTEND ARBOR DAY PRESENTATION AND PARTICIPATE IN ACTIVITIES** _____SOURCE OF FUNDING FOR TRIP **NO CHARGE***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 **40** FACULTY SPONSORS **2** OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS **42**

MODE OF TRANSPORTATION

- ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____
- ☐ 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? X ☒ Yes ☐ No_____**Eddie Franke***Signature of Faculty Sponsor*_____**030217***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