School-Related Student Trip Request Form 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 ☐ Organization/Club Trip, specify Other (athletic/band, f applicable) DESTINATION **PHONE** ☐ Out of State ☐ Out of County ☑ Within County Overnight: give name, address, phone of lodging M S DATE(S) OF TRIP 3/22

PURPOSE TRIP DEPARTURE TIME 2:30 RETURN TIME 2: PURPOSE/EDUCATIONAL VALUE pertorm 5m bradus. SOURCE OF FUNDING FOR TRIP Bound 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 TYES, SEE PROCEDURE 09.36 AP.212. IS DISTRICT TRANSPORTATION NEEDED? □NO ☐ 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 regords AOC check and been designated by the principal/designee to supervise students? Jayor Cstam Signature of Faculty Sponsor Trip has been □ approved □ disapproved. Reason for disapproval Signature of Superintendent/Designee 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 Meals provided by sponsor: ☐ Yes ☐ 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. after arrival Driver requested: 1. 2. Number of buses requested:_