

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP: GREG DUTY**TYPE OF TRIP (CHECK ONE):**

- ☐ Classroom Field Trip
 ☒ Class Trip (i.e., junior, senior), specify: 7th Grade
☐ Organization/Club Trip, specify _____
 ☐ Other (athletic, band, if applicable) _____

DESTINATION: HIGHLANDS HIGH SCHOOL **ADDRESS:** 2400 MEMORIAL PARKWAY **PHONE:** 781-5900

- ☐ Out of State ☐ Out of County ☒ Within County

- ☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP: APRIL 18, 2017 **DEPARTURE TIME:** 9:00AM **RETURN TIME:** 11:30AM

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE MEETING WITH THE HIGH SCHOOL COUNSELOR TO LEARN MORE ABOUT THE EXPECTATIONS FOR BEING A HIGH SCHOOL STUDENT INCLUDING CREDITS AND COLLEGE/CAREER PATHWAYS.

SOURCE OF FUNDING FOR TRIP: NA***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:** 1**OTHER CHAPERONES:** 1**TOTAL # OF PARTICIPANTS:** 12**MODE OF TRANSPORTATION**

- ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

- ☒ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S): GREG DUTY, ROBIN JONES

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



Signature of Faculty Sponsor

4/11/17

Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____ _____ <div style="display: flex; justify-content: space-between;"> <div> <i>Signature of Board Chairperson</i> </div> <div> <i>Date</i> </div> </div>
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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