

Colleen Huff = \$95 for bus
\$1.25 per kid

~~1000000~~

School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP 2nd grade Goodlett-Tackett, Wall
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 Country Mart/Recycle Center/Animal Shelter/Salt River Elec. ADDRESS _____ PHONE _____

☐ Out of State ☐ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP May 9th, 2017 DEPARTURE TIME 9:30 RETURN TIME 12:30

PURPOSE/EDUCATIONAL VALUE 2.33 Students demonstrate the skills to evaluate and use services and resources in their community

SOURCE OF FUNDING FOR TRIP Students

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 79 FACULTY SPONSORS 3 OTHER CHAPERONES 18

TOTAL # OF PARTICIPANTS 100

MODE OF TRANSPORTATION

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

Amber Wall
Signature of Faculty Sponsor

4.13.17
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

[Signature]

Signature of Superintendent/Designee

4.17.17
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: 2