## School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE NEXT REGULAR BOARD MEETING.	
SCHOOL Pikerille High FACULTY MENIBER() TYPE OF TRIP (CHECK ONE): High School 4	s) SPONSORING TRIP MICHELLO SCOTT IT High Cheen Compani
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify ☐ Organization/Club Trip, specify ☐ ADDRESS — ☐ ADDRESS — ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	~ f <sup>-t</sup> ¬( '
DESTINATION DISMON 100110 ADDRESS FT	Drides
DOut of State Out of County Within County  Overnight; give name, address, phone of lodging	ar Resort Disney World
DATE(S) OF TRIP 2-8 to 2-13-18 DEPARTURE TIM	E gan out Reload Time 5:00 p
PURPOSE/EDUCATIONAL VALUE UCA NOTIONAL	ls Composition
SOURCE OF FUNDING FOR TRIP Chaos Boosters	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF	AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: KSPONSORING ORGANIZATION ESPECIFY	
NUMBER OF: STUDENTS 35 FACULTY SPONS TOTAL # OF PARTICIPANTS 3	SORS OTHER CHAPERONES
MODE OF TRANSPORTATION	
is district transportation needed? Tho	☐ YES, SEE PROCEDURE 09.36 AP.212.
☐ CERTIFICATED COMMON CARRIER; SPECIFY	Fir plane
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPEC	TFY DRIVER(S)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOME	panying students on TRIP.)
Have all chaperones undergone the required records	s check and been designated by the
Principal/designee to supervise students?  Yes  No	
principal/designee to supervise students: 42 1 00	8-1-17
Signature of Faculty Sponsor	Date
Trip has been 🗆 approved 🗆 disapproved. Reason for disapproval	
(A) 20h	8-2-17
Signature of Superintendent/Designee	Date
For overnight and/or out-of-state trips, approval of the Superintendent and/o	r Board may be required by policy 09.36.
I tot overment amot out-of-sate trips, approve.	

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.22, 09.36 AP.23

Review/Revised: 8/20/01