Note:

## School-Related Student Trip & Vehicle Request Form

School-Related Student 1119 33 1000
SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
CHOOL South Livingston Elem FACULTY MEMBER(S) SPONSORING TRIP MONEY MOLEC
DESTINATION Spring field & Chicago, Ill AddressPHONE
Out of State or over 149 mile radius (requires Superintendent or Board approval)  Dovernight; give name, address, phone of lodging Springhill Swites Elmhurst / Oakbrood  410 W Lake St., Elmhurst, II. 60126  DATE(S) OF TRIP June 13-16, 2018 DEPARTURE TIME June 13, 2018 RETURN TIME June
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
FACULTY SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER,  FACULTY SPONSORS 2 OTHER CHAPERONES  TOTAL # OF PARTICIPANTS 44 or More parent per students
Mode of Transportation  District Owned Bus (specify # needed) Luggage Carrier? (specify)
□ DISTRICT OWNED VEHICLE(S) (SPECIFY)
CERTIFICATED COMMON CARRIER; SPECIFY Deluxe Motor coach
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.)  aren'ts will pay for trip if they are interested in going  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?
By signing this form I verify that I have read and comply with Board Policy 09.36
Joseph H. Monly Maker 8/10/17 Signature of Faculty Sponsor Date
rip 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.
RELATED PROCEDURES:  09.36 (All procedures)  Review/Revised:9/12/2016
lease see the attached agenda with contract for the
Page 1 of 1 * I approve of this trip.  Bucky Dunning, principal