

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.

DESTINATION _ WEBSTER COUNTY _ ADDRESS _ HIGH SCHOOL _ PHONE _

- ☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)
- ☐ Overnight; give name, address, phone of lodging _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 17

X DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____

- ☐ DISTRICT OWNED VEHICLE(S) (SPECIFY) _____

- ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

- ☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.) _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36

9/11/17
Date

Signature of Superintendent/Designee

Date _____

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.

09.36 (All procedures)

Review/Revised:9/12/2016