School-Related Student Trip Request Form

SCHOOL OM FACULTY MEMBER(S) SPONSORING TRIP TYPE OF TRIP (CHECK ONE): Classroom Field Trip (Sclass Trip (i.e., junior, senior), specify (Lally G.T. Mulliped) Other (athletic, band, if applicable) Other (athletic, band, if applicable) DESTINATION (Sullaw L. W. Address (Missibility County) Overnight: give name, address, phone of lodging DATE(S) OF TRIP (NOVEM DET 14, 20 DEPARTURE TIME (MISSIBILITY TO PAY) OVERNIGHT: give name, address, phone of lodging DATE(S) OF TRIP (NOVEM DET 14, 20 DEPARTURE TIME (MISSIBILITY TO PAY) ON 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 (Department) MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? (NO CYES, 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 chapterones undergone the required records AOC check and been designated by the principal castore to stupervise students? (YES) NO Signature of Faculty Sponsor Date Value of Superintandent/Designee Date Signature of Faculty Sponsor Date Meals provided by sponsor: (Yes) No Signature for driver, plus overtime if driver's hours exceed 40 per week Admission to event provided by sponsor: (Yes) No Overnight lodging: Single room Driver time starts 15 min. before departure and ends 15 min. after arrival	
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