School-Related Student Trip Request Form

-SUBMIT THIS FORM ONE WEEK PRIOR TO THE NEXT REGULAR BOARD MEETING.
-SUBMIT THIS FORM ONE WEEK PRIOR TO THE TOTAL OF A SHAPE
SCHOOL Pikeer He Junior HighFACULTY MEMBER(S) SPONSORING TRIP Michello Scott
Type of Trip (check one):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, school), specify ☐ Organization/Club Trip, specify ☐ Org
DESTINATION Senenalle, TO ADDRESS Somewille Convention Prione Center
A control County District County District County
Overnight; give name, address, phone of lodging <u>Capin of Hotel</u>
DATE(S) OF TRIP 12-1 to 12-2 DEPARTURE TIME 5 pm Fri day RETURN TIME Sat eve
PURPOSE/EDUCATIONAL VALUE LICA TENNESSOO Regional Compostetion
Source of funding for trip boosters Club
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
CRE CHEV
NUMBER OF: STUDENTS 20 FACULTY SPONSORS OTHER CHAPERONES
1 Manalle 15 Canham
TOTAL # OF PARTICIPANTS _ 22
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? IN NO 15 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 check and been designated by the
principal/designee to supervise students? I Yes I No
Mohalle Lott
Signature of Faculty Sponsor Date
Trip has been □ approved □ disapproved. Reason for disapproval
11-13-17
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.

RELATED PROCEDURES:

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

Review/Revised: 8/20/01