ARMAD
DIPPEL 2-1-18cy

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP

SCHOOL Sams   FACULTY MEMBER(S) SPONSORING TRIP Karen Leff

TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip   ☐ Class Trip (i.e., junior, senior), specify GBB Trip
☐ Organization/Club Trip, specify_____   ☐ Other (athletic, band, if applicable)

DESTINATION Keystone Cinemas ADDRESS 220 Armstrong Ln Mt Washington PHONE 538-7200 (400Y)
☐ Out of State ☐ Out of County ☐ Within County
☐ Overnight: give name, address, phone of lodging_____

DATE(S) OF TRIP 3/13/18   DEPARTURE TIME 9:15   RETURN TIME 12:15
PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP Kids Club

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

BILL TRIP EXPENSES TO:
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL   ☐ BOARD ☑ OTHER, SPECIFY Kids Club Acct
NUMBER OF STUDENTS 100   FACULTY SPONSORS 10   OTHER CHAPERONES_____
TOTAL # OF PARTICIPANTS 110

MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? ☐ NO   ☑ YES, 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 chaperones undergone the required records AOC check and been designated by the principal/designee to supervise students?   ☐ YES ☐ NO

_____   1/31/18
Signature of Faculty Sponsor   Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval_____

_____   1/31/18
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.

FIELD TRIP CHARGES
$.93 per mile
Regular hourly rate 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
Driver requested: 1._____   2._____

Meals provided by sponsor: ☐ Yes   ☐ No

Send copy to lunchroom: ☐ Yes   ☐ No
Bus limits: 2 persons per seat

Number of buses requested:_____