School-Related Student Trip Request Form

-SUBMIT THIS FORM ONE WEEK PRIOR TO THE NEXT I	REGULAR BOARD MEETING.
SCHOOL OTO FACULTY MEMBER(S)	
Type of Trip (check one):	· · ()
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specification	y
Morganization/Club Trin specify Care to Clow 4001	Other (athletic, dand, it applicable)
DESTINATION MYOL Gathury Man HADDRESS 1700 g	Hwy Anlington, Vn 23202.
Out of State Out of County Within County	
Dovernight; give name, address, phone of lodging (A Sal (SADO ON MOS
DATE(S) OF TRIP 3/2 DEPARTURE TIME	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PURPOSE/EDUCATIONAL VALUE TO accept the LOK	might Hunanitanan
Avail home APC - Mational Honor	
DOOKED OF TOKED IN THE TOTAL OF	blight + motel.
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN	INABILITY TO PAIL.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION S SPECIFY ARC Bailes LOVEN, Olivia Lhitfield, Lynd	sil Bartly, Sarch Belief
NUMBER OF: STUDENTS 4 FACULTY SPONSON TOTAL# OF PARTICIPANTS 6	other chaperones
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; SPECIF	y driver(s)
STIPE PAISTON (ATTACH LIST OF NAMES OF ADULTS ACCOMPAN	nying students on trip.)
Have all changeones undergone the required records	check and been designated by the
principal/designee to supervise students? Wes No	2/10/10
July Door	JB/18
Signature of Faculty Sponsor	/ Date
Trip has been ppproved disapproved. Reason for disapproval	
Droh-	3-12-18 Date
Signature of Superintendent/Designee For overnight and/or out-of-state trips, approval of the Superintendent and/or Be	
For overnight and/or out-of-state trips, approval of the Superintendent and/or by	ome and octodered of bearing

RELATED PROCEDURES:

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

Review/Revised: 8/20/01