3-16/8 M School-Related Student Trip Request Form SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP. MIDO SCHOOL Bracer (. FACULTY MEMBER(S) SPONSORING TRIP COLLAS TYPE DE FRIP (CHECK ONE): Classroom Field Trip Class Trip (i.e., junior, senior), specify Organization/Club Trip, specify Academic Tem D Other (athletic, band, if applicable) Illic LA. PHONE DESTINATION (C) ADDRESS ☐ Out of State ☐ Out of County ☐ Within County Overnight: give name, address, phone of lodging DATE(S) OF TRIP A 230 PURPOSE/EDUCATIONAL VALUE SOURCE OF FUNDING FOR TRIP NO 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 3 FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? INO 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 Signature of Faculty Sponsor Trip has been approved adisapproved. Reason for disapproval Signature of Superintendent/Designee 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 Meals provided by sponsor:

Yes Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week

Overnight lodging: Single room

Admission to event provided by sponsor:

Driver time starts 15 min. before departure and ends 15 min.

after arrival

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river requested: 1,_	2	Number of buses requested:	

☐ Yes M No

☐ Yes

□ No

Send copy to lunchroom:

Bus limits: 2 persons per seat