

Request to Place an Item on the AgendaName: Courtney Brown

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Name of school children attend, if applicable: \_\_\_\_\_

Group represented: \_\_\_\_\_

Check if request was submitted to: ☐ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): \_\_\_\_\_

Description of Issue: Revision of Field trip request form  
09.36 AP.21Specific Action Requested: Approve Updated Field Trip Request  
form - 09.36 AP.21Check if you are: ☐ Board Member ☐ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06

# School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request \_\_\_\_\_ Date of Event \_\_\_\_\_  
Organization \_\_\_\_\_ School \_\_\_\_\_  
Number of Passengers \_\_\_\_\_

## Type of Trip (Check One)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> In-County Instructional     | <input type="checkbox"/> In-County Athletic     | <input type="checkbox"/> Other: (Explain In Detail) |
| <input type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic |   |
| <input type="checkbox"/> Out-of-State Instructional  | <input type="checkbox"/> Out-Of-State Athletic  |   |

Destination (Event, City, and State) \_\_\_\_\_

Planned Stops To and From \_\_\_\_\_

Departing Location \_\_\_\_\_ Date of Departure \_\_\_\_\_ Time of Departure \_\_\_\_\_

Returning Location \_\_\_\_\_ Date of Return \_\_\_\_\_ Time of Return \_\_\_\_\_

Chaperone/s \_\_\_\_\_ Chaperone's Phone # \_\_\_\_\_

## Special Requests (Check One)

- ☐ Van ☐ Wheelchair Accessible ☐ Monitor ☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van \_\_\_\_\_ Trip Requested By \_\_\_\_\_

Organization Responsible for Payment \_\_\_\_\_

Approval of Site Based Council Representative \_\_\_\_\_ Date \_\_\_\_\_

## Section 2

### DISTRICT USE ONLY

Approval of District Representative \_\_\_\_\_ Date: \_\_\_\_\_

## Section 3

### DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: \_\_\_\_\_ Odometer Start: \_\_\_\_\_

Date/Time of Return: \_\_\_\_\_ Odometer End: \_\_\_\_\_

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver Comments:

Coach or School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_