COPIED - SACKER APPINELD

-CETT HAT 4-11-18CY

-Behool-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WE	EEKS PRIOR TO THE TRIP.
SCHOOL FACULTY MEMBER(S	S) SPONSORING TRIP Karen 1078
TYPE OF TRIP (CHECK ONE):	
Classroom Field Trip Class Trip (i.e., junior, senior), specify
Degranization/Club Trip, specify 7 137 CCLC	Other (athletic, band, if applicable)
DESTINATION WHEN ADDRESS	House
DESTINATION CTCTOTOLE ADDRESS Out of State Out of County Within County	PHONEPHONE
	,
Overnight: give name, address, phone of lodging	
DATE(S) OF TRIP /// BEPARTURE	
PURPOSE/EDUCATIONAL VALUE 608 SUM	mur
SOURCE OF FUNDING FOR TRIP HIST COL	
	20041109 02 44 24 24 24
NO STUDENT SHALL BE DENIED THE TRIP BILL TRIP EXPENSES TO:	BECAUSE OF AN INABILITY TO PAY.
SPONSORING ORGANIZATION SCHOOL COUNCIL	
7	
NUMBER OF STUDENTS /O FACULTY SPONSOR TOTAL # OF PARTICIPANTS	S / OTHER CHAPERONES
MODE OF TRANSPORTATION	
	L
IS DISTRICT TRANSPORTATION NEEDED? INO	YES, SEE PROCEDURE 09.36 AP.212.
☐ CERTIFICATED COMMON CARRIER; SPECIFY_	
PRIVATE VEHICLE, IF ALLOWED BY POLICY; S	
SUPERVISION (Attach list of names of adults accompany	• •
Have all chaperones undergone the required record	ds AOC check and been designated by the
principal designation supervise students?	S 0 NO (1/4.7/6)
Signature of Faculty Sponsor	7/10/10
	Date
Trip has been approved disapproved. Reason for disapproval_	
Mott Never	
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	Meals provided by sponsor: Yes No
Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week	
annear to bet steps	Cond come to lunchungur.
Admission to event provided by sponsor:	Send copy to lunchroom: Yes No Bus limits: 2 persons per seat
Overnight lodging: Single room	Lanbaria hat negt
Driver time starts 15 min. before departure and ends 15 min.	
after arrival	
Driver requested: 12.	Number of buses requested;