chool-Related Student Trip Request Form SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP TYPE OF TRIP (CHECK ONE): ☐ Class Trip (i.e., junior, senior), specify VOrganization/Club Trip, specify 688 Summer Other (athletic, band, if applicable) ☐ Out of State MOut of County ☐ Within County ☐ Overnight: give name, address, phone of lodging DATE(S) OF TRIP 6/28/18 DEPARTURE TIME 9/00 RETURN TIME 2 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:** DEPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY NUMBER OF STUDENTS 70 **FACULTY SPONSORS** OTHER CHAPERONES TOTAL # OF PARTICIPANTS MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? INO TYES. 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 chaperous undergone the required records AOC check and been designated by the *vpervise students? ☐ YES ☐ NO Signal of Faculty Sponsor Trip has been approved disapproved. 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 No Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week Send copy to lunchroom: ☐ Yes ☐ No Admission to event provided by sponsor: ☐ Yes ☐ No Bus limits: 2 persons per seat Overnight lodging: Single room Driver time starts 15 min. before departure and ends 15 min.

Driver requested: 1.

after arrival

Number of buses requested: