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HAPP 4-11-18 CJ

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP Karen Loff

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify GBB
☒ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION Ray Jewell Park ADDRESS Ray Rd PHONE _____

- ☐ Out of State ☐ Out of County ☒ Within County

☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 6/27/18 DEPARTURE TIME _____ RETURN TIME _____
PURPOSE/EDUCATIONAL VALUE GBB Summer

SOURCE OF FUNDING FOR TRIP 21st CCLC

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 70 FACULTY SPONSORS 10 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 80

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; 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

Karen Loff
Signature of Faculty Sponsor

4/10/18
Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

Matt Menner
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

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

Meals provided by sponsor: ☐ Yes ☐ No

Admission to event provided by sponsor: ☐ Yes ☐ No

Send copy to lunchroom: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Overnight lodging: Single room

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

Driver requested: 1. _____ 2. _____ Number of buses requested: _____