

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 8th Grade
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION Southgate Community Center ADDRESS Center PHONE _____

- ☐ Out of State ☐ Out of County ☐ Within County
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP May 19th DEPARTURE TIME 3 RETURN TIME 5PURPOSE/EDUCATIONAL VALUE Celebrate 8th grade graduationSOURCE OF FUNDING FOR TRIP Fundraising done by 8th Grade*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 12 FACULTY SPONSORS _____ OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS _____**MODE OF TRANSPORTATION**☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☒ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S) Students will meet at the community center.

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☐ Yes ☐ No_____
*Signature of Faculty Sponsor*_____
*Date*Trip has been ☐ approved ☐ disapproved. Reason for disapproval __________
*Signature of Board Chairperson*_____
Date

For overnight and/or out-of-state trips, approval of the Board may be required by policy 09.36.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23

Review/Revised:7/11/13