

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.
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FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION Scenic 75 ADDRESS Milford VT PHONE 813-945-4050

- ☒ Out of State ☐ Out of County ☐ Within County  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP May 11th DEPARTURE TIME 6:00 AM RETURN TIME 9:00 AM *leave there*PURPOSE/EDUCATIONAL VALUE Celebrate 8<sup>th</sup> grade classSOURCE OF FUNDING FOR TRIP Fundraising for 8<sup>th</sup> 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 1-2 OTHER CHAPERONES 3  
TOTAL # OF PARTICIPANTS \_\_\_\_\_**MODE OF TRANSPORTATION**

- ☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_  
☒ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S) must have their own transportation

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