

**Trip Request Form**

**NOTE: For trips requiring Board approval (all overnight trips), this form must be routed through the Principal and Superintendent and to the Board at least one (1) week prior to the next regularly scheduled Board meeting. For other trips, submit this form to the Principal at least two (2) weeks prior to the trip.**

SCHOOL TCMS FACULTY MEMBER(S) SPONSORING TRIP Payton Croft,  
Matt McMin

TYPE OF TRIP (Check one):

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

DESTINATION Dexter, MO ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

☒ Overnight (Give name, address, phone of lodging) Dexter Inn

1807 W. Business U.S 60 Dexter, MO 63841

DATE(S) OF TRIP 6/1 - 6/2 DEPARTURE TIME 8:00 A.M RETURN TIME 8:00 P.M

PURPOSE/EDUCATIONAL VALUE Play summer basketball games

SOURCE OF FUNDING FOR TRIP Athletics

BILL TRIP EXPENSES TO: ☐ Sponsoring Organization ☐ School Council ☐ Board ☒ Other (Specify) Athletics

PARTICIPANTS

Number of Students 12 Faculty Sponsors 3 Other Chaperones 1 Total # of Participants 16

TRANSPORTATION

Is District transportation needed? ☐ No ☒ Yes (See Procedure 09.36 AP.212)

☒ Bus ☐ Other Board-owned/insured vehicle

☐ Private Vehicle(s) List drivers: \_\_\_\_\_

Notification to parents/guardians that private vehicles are to be used? ☐ Yes ☐ No

☐ Certificated Common Carrier (Specify) \_\_\_\_\_

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

Matthew L. E.

Faculty Sponsor's Signature

Matthew L. E.

Principal's Signature

5/3/2018

Date

5/3/2018

Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

\_\_\_\_\_  
Superintendent/Designee's Signature

\_\_\_\_\_  
Date

The Board must approve overnight trips.

Date of Board approval: \_\_\_\_\_ Order Number: \_\_\_\_\_

Review/Revised:1/27/05