Field Trip Request Form

This form is to be used by the staff when requesting permission to take a field trip. The completed form is to be submitted to the Superintendent one (1) week in advance of the next scheduled meeting of the Board. Complete pertinent information on next page.

Destination Monroe Co High	School, Thompkinsville, K	1				
e(s) of Trip8/10/2018Time of Departure		re	1 00 PM	*Time of Return		12:00 AM
Approximate Mileage (one way)	82					
Approximate Number of Students 50 Sumber of Buses Required 0 Method of			Approximate Number of Adults of Transportation (if not school bus)			6
		ethod of Transportation				Charter Bus
Will you stop for lunch?	ES V NO	If "YES", where?				
TEACHER IS	RESPONSIBLE FOR	R NOTIFYING CA	FETERIA OF DET	AILED LU	NCH PL	<u>.AN</u>
Number of Instructional Days lost	0Justification: Wh	nat is to be learned?				
low will the experience be used :	and evaluated?					
Names of chaperones (if applicat	ole) football Coachin	g Staff				
Financial Costs		RIP INFORMATION				
Financial Costs			Method of Payment			
Mileage (estima	ite) \$		Student Payment	\$		
Driver (estima Hotel			School Activity Acct Athletic Boosters	\$		
Meals	\$		Band Boosters	<u>\$</u>	_	
Admission	\$					
TOTAL	\$		*			
Requested by	Glenn Spalding			Date		6/11/18
			Pelagiani	The state of		112300 - 11
Approved/Disapproved	Steve Smallwood		_, Principal	-		6/12/18
Approved/Disapproved			_, Superintendent	Date		
Princip	al approval for all field trips					
	ntendent approval is require		er 65 miles one (1) way			
Superi	ntendent approval is require	eu ior all overnight fiel	a urps.			

*On school days, the return time should not exceed 2:00 p.m.

Field Trip Request Form

This form is to be used by the staff when requesting permission to take a field trip. The completed form is to be submitted to the Superintendent one (1) week in advance of the next scheduled meeting of the Board. Complete pertinent information on next page.

estination New York City	and the second s				
ate(s) of Trip4/25/19 - 4/29/1	19 Time of Departure	3:00 PM	*Time of Return	1:00 PM	
pproximate Mileage (one way)	800 miles	Approximate Number o	f Students	50	
umber of Buses Required	1 Method of Trans	sportation (if not school bus)	Wise 0	Charter	
/ill you stop for lunch?	NO If "YES", v	where? Different	stops for food throug	hout	
Ill you stop for function 120		Mall, Hard Rock Café, Bucca di B			
TEACHER IS R	ESPONSIBLE FOR NOTIFYIN	NG CAFETERIA OF DETA	ALED LUNCH P	<u>LAN</u>	
	2 Justification: What is to be lea				
		will be used to expose students			
low will the experience be used and			to the only me or read	7	
lames of chaperones (if applicable)	Rex Hanson and other adult of	haperones that sign up			
	TRIP INFOR	RMATION			
Financial Costs	I KIP IINFOR	Method of Payment			
Mileage		Student Payment	\$ \$750,00		
Driver !	, <u> </u>	School Activity Acct	\$		
Hotel	\$	Athletic Boosters	\$		
Admission	\$	Band Boosters	5		
Meals TOTAL	\$ \$750.00				
Requested by	Rex Hanson		Date	6/11/18	
Approved/Disapproved	Steve Smallwood	, Principal	Date	6/11/18	
		, Superintendent	Date		
Approved/Disapproved					
Approved/Disapproved					
	convert for all field tries				
Principal	approval for all field trips.				
Principal	approval for all field trips.				
Principal Superinte		trips over 65 miles one (1) way.			

*On school days, the return time should not exceed 2:00 p.m.