School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.
FACULTY MEMBER(S) SPONSORING TRIP: GREG DUTY
TYPE OF TRIP (CHECK ONE):
☐ Class Trip (i.e., junior, senior), specify: 8 th Grade ☐ Organization/Club Trip, specify ☐ Other (athletic, band, if applicable) ☐ DESTINATION: CAMP JOY ADDRESS: 10117 OLD 3C HIGHWAY CLARKSVILLE, OH 45113
PHONE: (937) 289-2031
 ☑ Out of State ☐ Out of County ☐ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP: AUGUST 20, 2018 DEPARTURE TIME: 8:00AM RETURN TIME: 3:00PM
PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL BE PARTICIPATING IN TEAM BUILDING ACTIVITIES THAT BUILD CHARACTER ALLOWING THEM TO SERVE AS MENTORS/LEADERS FOR THE YOUNGER STUDENTS IN THE SCHOOL. THEY WILL ALSO BE PARTICIPATING IN CHALLENGE ACTIVITIES THAT BUILD CHARACTER.
SOURCE OF FUNDING FOR TRIP: GENERAL FUND
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: 15 FACULTY SPONSORS: 3 OTHER CHAPERONES: TOTAL # OF PARTICIPANTS: 18
MODE OF TRANSPORTATION
☑ CERTIFICATED COMMON CARRIER; SPECIFY: BELLEVUE INDEPENDENT SCHOOL DISTRICT BUS
☐ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S): GREG DUTY, ROBIN JONES
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

Faculty Chaperones: Jennifer Weber Shelley Hamberg Eddie Franke or Greg Duty