

**TRIP REQUEST - OVERNIGHT
(Student)**

This form must be submitted to the Superintendent according to the schedule required for placement on the monthly Board Agenda.

SPONSORING CLUB/ACTIVITY LES Fifth Grade Class Trip

NAMES OF SPONSORS Troy Clifton, Tamara Clayton,
CC Centers

TRIP DESTINATION Camp Joy

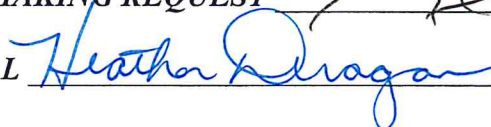
PURPOSE Impact the student's educational content through experiential outdoor learning.

DATE OF TRIP 2/20/19 - 2/22/19 NUMBER OF STUDENTS ~60

NAMES OF CHAPERONS TBD (staff and admin. from LES as well as parent chaperones that have a thorough background check)

PERSON REQUESTING Troy Clifton DATE OF REQUEST 8/15/18

SIGNATURE OF PERSON MAKING REQUEST 

SIGNATURE OF PRINCIPAL  SCHOOL Lincoln

APPROVED _____ NOT APPROVED _____ DATE _____

COMMENTS _____

SIGNATURE OF SUPERINTENDENT _____

School-Related Student Trip Request Form

SUBMIT THIS FORM ☐ ONE WEEK ☐ TWO WEEKS ☐ OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL Lincoln FACULTY MEMBER(S) SPONSORING TRIP Tray Clifton

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Camp Joy ADDRESS 10117 Old 3c Hwy PHONE 937-289-2031

- ☒ Out of State ☐ Out of County ☐ Within County Clarksville, OH 45113
☒ Overnight; give name, address, phone of lodging Camp Joy 10117 Old 3c Highway
937-289-2031 Clarksville, OH 45113

DATE(S) OF TRIP 2/20/19 - 2/22/19 DEPARTURE TIME 9:30 AM RETURN TIME 1:30 PM

PURPOSE/EDUCATIONAL VALUE Improves students' confidence by increasing their leadership potential and impacting their educational content through experiential outdoor learning.

SOURCE OF FUNDING FOR TRIP Student fundraising / Donations

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____

NUMBER OF: STUDENTS ~60 FACULTY SPONSORS ~6 OTHER CHAPERONES ~4
TOTAL # OF PARTICIPANTS ~70

MODE OF TRANSPORTATION

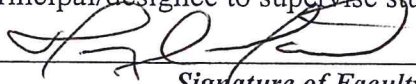
IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212.

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

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 - Checked before approval



Signature of Faculty Sponsor

8/15/18

Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

Date

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