

**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 TCHS FACULTY MEMBER(S) SPONSORING TRIP Karen Nolcox / Jodie P. Paul

**TYPE OF TRIP (Check one):**

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

DESTINATION Indianapolis IN ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

- ☒ Out-of-State ☐ Out-of-County ☐ Within-County  
☒ Overnight (Give name, address, phone of lodging) Courtyard by Marriott-Carmel  
37 W. 103<sup>rd</sup> St Indianapolis IN 46290

DATE(S) OF TRIP Oct. 24-27, 2018 DEPARTURE TIME 6:00 am RETURN TIME 4:00 pm

PURPOSE/EDUCATIONAL VALUE Attend National FFA Convention & Expo. Students will participate in Leadership Workshops, hear motivational speakers and visit a career show.

SOURCE OF FUNDING FOR TRIP CTE / FFA

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

**PARTICIPANTS**

Number of Students 16 Faculty Sponsors 2 Other Chaperones \_\_\_\_\_ Total # of Participants 18

**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

[Signature]  
Faculty Sponsor's Signature

[Signature]  
Principal's Signature

Date  
8/29/18  
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