

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 Croft/McMain

TYPE OF TRIP (Check one):

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

DESTINATION Pinckneyville, IL ADDRESS 600 E Water St. PHONE 618-357-5013

☒ Out-of-State ☒ Out-of-County ☐ Within-County Pinckneyville, IL

☒ Overnight (Give name, address, phone of lodging) America's Best Inn & Suites

5700 St. Route 154 Pinckneyville, IL 62274

DATE(S) OF TRIP 12/27-12/29 DEPARTURE TIME 8:00 AM RETURN TIME 10:00 PM

PURPOSE/EDUCATIONAL VALUE participate in basketball game

SOURCE OF FUNDING FOR TRIP Athletics

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

PARTICIPANTS

Number of Students 20 Faculty Sponsors 5 Other Chaperones _____ Total # of Participants 25

TRANSPORTATION

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

☒ Bus ☐ Other Board-owned/insured vehicle

☐ Private Vehicle(s) List drivers: Denise Croft Will Drive

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 J. L.
Faculty Sponsor's Signature

8/21/18

A. J.
Principal's Signature

8/22/18
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