School-Related Student Trip Request Form

FACULTY MEMBER(S) SPONSORING TRIP Classroom Field Trip Class Trip (i.e., junior, senior), specify Classroom Field Trip Class Trip (i.e., junior, senior), specify Corganization/Club Trip, specify Other (athletic, band, if applicable) DESTINATION ADDRESS Table A Address PHONE Out of State Out of County Within County Overnight; give name, address, phone of lodging DATE(S) OF TRIP Gordon, Del. 17,208 DEPARTURE TIME 8;30-8;45 RETURN TIME PHONE PURPOSE/EDUCATIONAL VALUE PARTURE TIME 8;30-8;45 RETURN TIME PHONE PURPOSE/EDUCATIONAL VALUE PARTURE TIME SUPPLIED TO PAY. PURPOSE/EDUCATIONAL VALUE PARTURE TIME SUPPLIED TO PAY. BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY DAYLOR WIND CHARGE STALLARD FOR TARROPHETE NUMBER OF: STUDENTS FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS OTHER CHAPERONES TOTAL # OF PARTICIPANTS OTHER CHAPERONES Chandle The PRIVATE VEHICLE, AS 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? If Yes No No No No No No No N		Curp, we will reply to the west of the Pound
TYPE OF TRIP (CHECK ONE): Class room Field Trip Class Trip (i.e., junior, senior), specify Corganization/Club Trip, specify ADDRESS Tria Corp. ADDRESS Tria County Outer (athletic, band, if applicable) DESTINATION Out of State Out of County Within County Overnight; give name, address, phone of lodging DATE(S) OF TRIP Monday, Dec. 17,3018 DEPARTURE TIME 8:30-8:45 RETURN TIME 1:00pm? PURPOSE/EDUCATIONAL VALUE OUTER STUDENTS OF TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAX. BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY DAY TO WITH OUTER, SPECIFY DAY TO WITH OUTER, SPECIFY DAY TO WITH OUTER, SPECIFY DAY TO THE CHAPERONES TOTAL # OF PARTICIPANTS MODE OF TRANSPORTATION CERTIFICATED COMMON CARRIER; SPECIFY DAY OF SCHOOL SUDON STUDENTS ON TRIP.) Have all chaperones undergone the required records check and been designated by the principal/designoe to suparvise students? Trip has been approved disapproved. Reason for disapproval Trip has been approved disapproved. Reason for disapproval		SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.
Classroom Field Trip Class Trip (i.e., junior, senior), specify Other (athletic, band, if applicable) DESTINATION NU ADDRESS Number of Faculty Sponsor Out of State Out of County Within County Overnight; give name, address, phone of lodging DATE(S) OF TRIP Ordina, Dec. 1,2018 DEPARTURE TIME 8:30-8:45 RETURN TIME Peopm		FACULTY MEMBER(S) SPONSORING TRIP MARY MELVILLE
Destination Nku Address Other (athletic, band, if applicable) Destination Nku Address Nku Address Phone Out of State Out of County Within County Overnight; give name, address, phone of lodging Date(s) of Trip Indian Dec. 1,2018 Departure Time 8:30-8:45 Return Time Loop Purpose/Educational Value Calcus Other (athletic, band, if applicable) Purpose/Educational Value Calcus Other Calcus Other (athletic, band, if applicable) Purpose/Educational Value Calcus Other Calc		TYPE OF TRIP (CHECK ONE):
Destination Nku Address Other (athletic, band, if applicable) Destination Nku Address Nku Address Phone Out of State Out of County Within County Overnight; give name, address, phone of lodging Date(s) of Trip Indian Dec. 1,2018 Departure Time 8:30-8:45 Return Time Loop Purpose/Educational Value Calcus Other (athletic, band, if applicable) Purpose/Educational Value Calcus Other Calcus Other (athletic, band, if applicable) Purpose/Educational Value Calcus Other Calc		☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
Out of State Out of County Within County Overnight; give name, address, phone of lodging DATE(S) OF TRIP OND DEFINITION OF TRIP OND DEFINITION OF TRIP OND OF TRANSPORTATION MODE OF TRANSPORTATION CERTIFICATED COMMON CARRIER; SPECIFY DAY OF TRIP OND OF TRANSPORTATION PRIVATE VEHICLE, AS 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? Trip has been approved disapproved. Reason for disapproval Trip has been approved disapproved. Reason for disapproval		Organization/Club Trip, specify C/T Under (athletic, band, if applicable)
DATE(S) OF TRIP Monday Dec. 17308 DEPARTURE TIME \$130-8:45 RETURN TIME 1200m? PURPOSE/EDUCATIONAL VALUE endership Symposium - to develop		DESTINATION NKU ADDRESS High land Heath & PHONE
DATE(S) OF TRIP Monday Dec. 17,3018 DEPARTURE TIME 8:30-8:45 RETURN TIME 1200m? PURPOSE/EDUCATIONAL VALUE eadership Symposium de develop		☐ Out of State ☐ Out of County ☑ Within County
PURPOSE/EDUCATIONAL VALUE cadership Symposium - to develop caders in our G/T Stadent Source of Funding for trip No Student shall be denied the trip because of an inability to pay. BILL TRIP EXPENSES TO: \$\text{ sponsoring organization } \text{ school council } \text{ board } \text{ others, } \text{ others, } \text{ specify } \text{ day for the trip because of an inability to pay.} BILL TRIP EXPENSES TO: \$\text{ sponsoring organization } \text{ school council } \text{ board } \text{ others, } \text{ others, } \text{ sponsors} \text{ others, } \text{ others, } \text{ sponsoring organization } \text{ others, } \text{ others, } \text{ sponsoring organization } \text{ others, } oth		☐ Overnight; give name, address, phone of lodging
PURPOSE/EDUCATIONAL VALUE cadership Symposium - to develop caders in our G/T Stadent Source of Funding for trip No Student shall be denied the trip because of an inability to pay. BILL TRIP EXPENSES TO: \$\text{Sponsoring organization} \text{School council} \text{Board} \text{Other, specify Day for School council} \text{Board} Other, specify Day for School of Ther, specify Day for School Bus Total # of Participants Faculty sponsors Other Chaperones Shand has made of Transportation Mode of Transportation Active the common carrier; specify Day for School Bus Private vehicle, as 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? Date Date Trip has been approved disapproved. Reason for disapproval Date		Dimension of The Manda San Magaza Property of the San
SOURCE OF FUNDING FOR TRIP No STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY DAY MUNICHARGE STANDARD OTHER, SPECIFY DAY MUNICHARGE STANDARD OTHER CHAPERONES NUMBER OF: STUDENTS FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS WE CERTIFICATED COMMON CARRIER; SPECIFY DAY ON SCHOOL BUS PRIVATE VEHICLE, AS 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? Signature of Faculty Sponsor Trip has been approved disapproved. Reason for disapproval Trip has been approved disapproved. Reason for disapproval JOLIS Date		DATE(S) OF TRIP TO MANY DEPARTURE TIME 8:30-8:40 RETURN TIME 1:00pm :
SOURCE OF FUNDING FOR TRIP NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY DAY MIN Charge State of Control of Council BOARD OTHER, SPECIFY DAY MAN Charge State of Control of Council BOARD OTHER, SPECIFY DAY MAN CHARGE STUDENTS OTHER CHAPERONES OTHER CHAPERONES OTHER CHAPERONES OTHER CHAPERONES OTHER CHAPERONES OF COUNCIL BUSINESS. MODE OF TRANSPORTATION CERTIFICATED COMMON CARRIER; 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? Trip has been approved disapproved. Reason for disapproval Trip has been approved disapproved. Reason for disapproval Signature of Bodel Chairperson 10 /55/18 Date		
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY Day for will Charge S Statest For frame Statest Sta		
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY Dayton will charge \$5 \text{Student for transportation}\$ NUMBER OF: STUDENTS		
NUMBER OF; STUDENTS	L	
NUMBER OF: STUDENTS		BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER,
MODE OF TRANSPORTATION CERTIFICATED COMMON CARRIER; SPECIFY Dayton School Bus PRIVATE VEHICLE, AS 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 suparvise students? Yes No No		· (1)
MODE OF TRANSPORTATION CERTIFICATED COMMON CARRIER; SPECIFY Daylon School Bus PRIVATE VEHICLE, AS 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? If Yes No No		
CERTIFICATED COMMON CARRIER; SPECIFY Daylon School Bus PRIVATE VEHICLE, AS 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		
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		
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No		***
principal/designee to supervise students? Yes No		,
Signature of Faculty Sponsor Trip has been approved disapproved. Reason for disapproval Signature of Board Chairperson Date		
Trip has been approved disapproved. Reason for disapproval 10/15/18 Signature of Board Chairperson Date		principal/designee to supplivise students?
Trip has been approved disapproved. Reason for disapproval 10/15/18 Signature of Board Chairperson Date		Signature of Faculty Sponsor
Signature of Board Chairperson Date	ſ	Signature by Lacinty Sponsor
Duite Special Control of the Control		Trip has been □ approved □ disapproved. Reason for disapproval
Duite Special Control of the Control		
Duite Special Control of the Control		
For overnight and/or out-of-state trips, approval of the Board may be required by policy 09.36.		Signature of Bodgil 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

Review/Revised:7/11/13