

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 TC HS FACULTY _____ MEMBER(S) _____ SPONSORING _____ TRIP _____

TYPE OF TRIP (Check one):

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

DESTINATION**PHONE**

☒ Out-of-State ☐ Out-of-County ☐ Within-County

☒ Overnight (Give name, address, phone of lodging)

First Baptist Church, 411 Market St, Wilmington, N.C. 28401

DATE(S) OF TRIP 11-12 → 11-16 DEPARTURE TIME 5:00 AM RETURN TIME 10 PM

PURPOSE/EDUCATIONAL

Disaster Relief

VALUE _____

SOURCE FCA Funds OF _____ FUNDING _____ FOR _____ TRIP _____

BILL. TRIP EXPENSES TO: ☐ Sponsoring Organization ☐ School Council ☐ Board ☐ Other (Specify) _____

PARTICIPANTS

Number of Students 48 Faculty Sponsors 2 Other Chaperones 2-4 Total # of Participants 55

TRANSPORTATION

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

☐ Bus ☐ Other Board-owned/insured vehicle

☐

Private

Vehicle(s)

List

drivers:

Charter Bus

Notification to parents/guardians that private vehicles are to be used? ☐ Yes ☒ No

☒

Charter Bus

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

Tim Bush, Chrissy Bush, Michelle Strickland - Student list TBA
Jim Bush x up to 48

Faculty Sponsor's Signature

Date

Principal's Signature

Shawn [Signature]

Date

9.26.18

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