

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP: JEN WEBER**TYPE OF TRIP (CHECK ONE):**

- ☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify: 8th Grade
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION: HIGHLANDS HIGH SCHOOL **ADDRESS:** 2400 MEMORIAL PARKWAY **PHONE:** 781-5900☐ Out of State ☐ Out of County ☒ Within County☐ Overnight; give name, address, phone of lodging _____**DATE(S) OF TRIP:** NOVEMBER 9, 2018 **DEPARTURE TIME:** 8:15AM **RETURN TIME:** 10:00AM**PURPOSE/EDUCATIONAL VALUE:** STUDENTS WILL BE MEETING WITH THE HIGH SCHOOL COUNSELOR TO LEARN MORE ABOUT THE EXPECTATIONS FOR BEING A HIGH SCHOOL STUDENT INCLUDING CREDITS AND COLLEGE/CAREER PATHWAYS.**SOURCE OF FUNDING FOR TRIP:** NA*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.***BILL TRIP EXPENSES TO:** ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____**NUMBER OF: STUDENTS:** 16**FACULTY SPONSORS:** 3**OTHER CHAPERONES:** 0**TOTAL # OF PARTICIPANTS:** 19**MODE OF TRANSPORTATION**☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☒ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S): GREG DUTY, ROBIN JONES**SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)** *Jen Weber*Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No*Jennifer S. Weber*

*Signature of Faculty Sponsor**10-29-18*

*Date*Trip has been ☐ approved ☐ disapproved. Reason for disapproval __________
*Signature of Board 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