

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP

Jennifer 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 Newport High School ADDRESS _____

PHONE _____

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

- ☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/16/18DEPARTURE TIME 8:15 AMRETURN TIME 10:00 AM

PURPOSE/EDUCATIONAL VALUE

High school visitSOURCE OF FUNDING FOR TRIP N/A*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

17

FACULTY SPONSORS

3

OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS

20

MODE OF TRANSPORTATION

- ☒ CERTIFICATED COMMON CARRIER; SPECIFY Newport 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 ☐ NoJennifer L. Weber
Signature of Faculty Sponsor11/5/18
DateTrip 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