DAYTrip

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.
SCHOOL FACULTY MEMBER(S) SPONSORING TRIP HUMENDECLY
TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
☐ Organization/Club Trip, specify 12/10 Other (athletic, band, if applicable)
DESTINATION GYAND THAT ADDRESS FVANLEY LIPHONE NIA  Out of State Out of County Within County
Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 3 5 0 DEPARTURE TIME 8 15 RETURN TIME 3 30 PURPOSE/EDUCATIONAL VALUE
SOOKUN WOORD - PRETM OUT LOUIS COMPETITION
SOURCE OF FUNDING FOR TRIP DIA DI MYTAMENT
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO:
<b>Y</b>
NUMBER OF STUDENTS FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? INO YES, SEE PROCEDURE 09.36 AP.212.
☐ CERTIFICATED COMMON CARRIER; SPECIFY
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
SUPERVISION (Attach list of names of adults accompanying students on trip.)
Have all chaperones undergone the required records AOC check and been designated by the
principal/designee to supervice students?   YES  NO  2/11/9
Signature of Faculty Sponsor Date
rip has been approved disapproved Reason for disapproval
2/1/19
Signapure of Superintendent/Designee Date
or overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09,36.
FIELD TRIP CHARGES
\$.93 per mile Meals provided by sponsor: ☐ Yes ☐ No
Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week
•
Send copy to lunchroom:
Overnight lodging: Single room
Oriver time starts 15 min. before departure and ends 15 min.  After arrival
Oriver requested: I 2 Number of buses requested:
_