

**TRIP REQUEST - OVERNIGHT**  
**(Student)**

*This form must be submitted to the Superintendent according to the schedule required for placement on the monthly Board Agenda.*

SPONSORING CLUB/ACTIVITY LES 5<sup>th</sup> Grade

NAMES OF SPONSORS Troy Clifton, Tami Clayton, Shirley Stricker

TRIP DESTINATION Camp Joy Warren County, OH

PURPOSE Impact educational content through experiential outdoor learning

DATE OF TRIP 2/19/20 - 2/21/20 NUMBER OF STUDENTS ~ 60

NAMES OF CHAPERONS Troy Clifton, Tami Clayton, Shirley Stricker  
TBD - Additional staff and parent chaperones w/ background check

PERSON REQUESTING Troy Clifton DATE OF REQUEST 8/18/19

SIGNATURE OF PERSON MAKING REQUEST



SIGNATURE OF PRINCIPAL



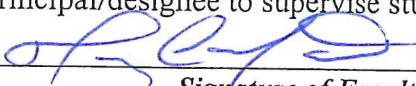
SCHOOL LES

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

SIGNATURE OF SUPERINTENDENT \_\_\_\_\_

## School-Related Student Trip Request Form

SUBMIT THIS FORM <input type="checkbox"/> ONE WEEK <input type="checkbox"/> TWO WEEKS <input checked="" type="checkbox"/> OTHER, SPECIFY <u>6 months</u> PRIOR TO THE TRIP.	
SCHOOL <u>Lincoln</u> FACULTY MEMBER(S) SPONSORING TRIP <u>Troy Clifton</u>	
TYPE OF TRIP (CHECK ONE): <input type="checkbox"/> Classroom Field Trip <input checked="" type="checkbox"/> Class Trip (i.e., junior, senior), specify <u>Fifth Grade</u> <input type="checkbox"/> Organization/Club Trip, specify _____ <input type="checkbox"/> Other (athletic, band, if applicable) _____	
DESTINATION <u>Camp Jay</u> ADDRESS <u>10117 Old 32 Hwy Clarksville, OH 45113</u> PHONE <u>937-289-2031</u>	
<input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Out of County <input type="checkbox"/> Within County <input checked="" type="checkbox"/> Overnight; give name, address, phone of lodging <u>Camp Jay 937-289-2031</u> <u>10117 Old 32 Hwy Clarksville OH 45113</u>	
DATE(S) OF TRIP <u>2/19/20 - 2/21/20</u> DEPARTURE TIME <u>9:15 AM</u> RETURN TIME <u>12:30 PM</u>	
PURPOSE/EDUCATIONAL VALUE <u>Impact educational content through experiential outdoor learning</u>	
SOURCE OF FUNDING FOR TRIP <u>Students - fundraising (5<sup>th</sup> grade account)</u>	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY.	
BILL TRIP EXPENSES TO: <input checked="" type="checkbox"/> SPONSORING ORGANIZATION <input type="checkbox"/> SCHOOL COUNCIL <input type="checkbox"/> BOARD <input type="checkbox"/> OTHER, SPECIFY _____	
NUMBER OF: STUDENTS <u>~60</u> FACULTY SPONSORS <u>~5</u> OTHER CHAPERONES <u>~10</u> TOTAL # OF PARTICIPANTS <u>~75</u>	
MODE OF TRANSPORTATION  IS DISTRICT TRANSPORTATION NEEDED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, SEE PROCEDURE 09.36 AP.212.  <input type="checkbox"/> CERTIFICATED COMMON CARRIER; SPECIFY _____  <input type="checkbox"/> 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 check and been designated by the principal/designee to supervise students? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>must be on file to attend</u>	
 _____ Signature of Faculty Sponsor	<u>8/18/19</u> _____ Date
Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____ _____ _____ Signature of Superintendent/Designee   _____   Date	
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	