School-Related Student Trip Request Form

SUBMIT THIS FORM DONE WEEK DITWO WEEKS DOTHER SPECIES
PRIOR TO THE TRIP.
SCHOOL ACPC FACULTY MEMBER(S) SPONSORING TRIP LESSEY ALWOOD
I YPE OF TRIP (CHECK ONE):
Classroom Field Trip Class Trip (i.e., junior, senior), specify Organization/Club Trip, specify DESTINATION POLOM VIW Farms ADDRESS 185 Wilkerson Lone Phone US. 325-7017 Out of State Out of County Within County Overnight; give name, address, phone of lodging
DATE(S) OF TRIP 10.21.19 DEPARTURE TIME 8:00 RETURN TIME 1:00
Our Fall Pumpkin unit. Kids will get hords on experiences with annula
Attach a description of estimated expenses including, but not limited to, lodging, meals, animals, and all other anticipated travel expenses.
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
Number of: students 8 faculty sponsors 3 other chaperones 12
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? NO 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 check and been designated by the principal/designee to supervise students? Yes No Signature of Faculty Sponsor Date
Trip has been □ approved □ 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.

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised: 09/17/01

Out of State

School-Related Student Trip Request Form

INSTRUCTIONS

- 1. Requests for trips (athletic events, conferences, field trips, etc...) must be submitted 3 weeks prior to trip.
- 2. Requests for overnight or out-of-state trips must be submitted 6 weeks prior to trip.

 3. Please attach a tentative transportation it is a submitted 1.

4. If overnight trip, attach name, address and phone number of lodging.
school ACSAS FACULTY MEMBER IN CHARGE 6 Dunc
TYPE OF TRIP (CHECK ONE):
Classroom Field Trip Organization/Club Trip, specify Class Trip (i.e. junior, senior), specify Other (Athletic etc) specify, Givis Bosker
DESTINATION: Westmore land High SADDRESS PHONE
Out of State Out of County Within County Overnight
DATE(S) OF TRIP Jan 17, 2020 TIME YOU PLAN TO DEPART FROM SCHOOL 4:30pm
APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 9:00 pm
PURPOSE/EDUCATIONAL VALUE Vavsity Basketboll Come
BILL TRIP EXPENSES TO: D=020-1-925-0131-01 M=020-1925-0898-01
Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY
NUMBER OF: Students 29 Faculty Sponsors 3 Other Chaperones Total # of Participants (Riders) 23
MODE OF TRANSPORTATION
Is District Transportation Needed? No Ces, see Procedure 09.36 AP.212 Certificated Common Carrier (i.e. Charter Bus), specify company Private Vehicle, if allowed by policy; specify driver(s)
Any special transportation needs? (e.g. under storage compartments for luggage, etc)
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 9-25-19
Signature of Faculty Sponsor Date
Trip has been approved disapproved, reason for disapproval
Signature of Superintendent/Designee Date
For overnight and/or out of state trips, approval of thee Superintendent and/or Board may be required by policy 09.36.