

local

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Alcorn
TYPE OF TRIP (CHECK ONE)

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)
DESTINATION Martha Lane Collins ADDRESS _____ PHONE _____
☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging _____
DATE(S) OF TRIP 1/10/20 & 1/11/20 DEPARTURE TIME 8:00 am RETURN TIME 6:00 pm.
PURPOSE/EDUCATIONAL VALUE All-District Band

SOURCE OF FUNDING FOR TRIP Students

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 10 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 11

MODE OF TRANSPORTATION School Van
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 AOC check and been designated by the principal/designee to supervise students? ☐ YES ☐ NO

Jana Alcorn
Signature of Faculty Sponsor

12/9/19
Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

12/10/19
Date

For 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

Regular hourly rate for driver, plus overtime if driver's hours
Exceed 40 per week.

Meals provided by sponsor: ☐ Yes ☐ No

Send copy to lunchroom? ☐ Yes ☐ No

Admission to event provided by sponsor: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Overnight lodging: Single room

Drive time starts 15 min. before departure and ends 15 minutes after arrival

Driver requested: 1. _____ 2. _____ Number of buses requested: _____

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor