STUDENTS

INFORMATION

09.36 AP.21

School-Related Student Day Trip and Overnight Trip Request Forms

THIS FORM MUST BE SUBMITTED TO THE PRINCIPAL TWO (2) WEEKS PRIOR TO THE TRIP IF BOARD APPROVAL IS REQUIRED, THE BOARD MUST RECEIVE THE FORM AT LEAST TWO(2) WEEKS IN ADVANCE OF TRIP.

1. Sponsor's Name Alan Prikhett Catherne Hogles	h on Don Co . —ti
2. Name of all chaperones A. Barris Cu	b of beb. Jenis (he
2. Name of all chaperones Alan Potentt Catherne t	ligher Bailing Townsund
3. Where will the group be going? St. Loys Mo Zoo	-leing!
3. Where will the group be going? 54. Cour Mo Zeo	Bueball game Six Flags
4. I at pose of the trip.	
5. When is it to be held? Date 5/7 to 5/8 Departs	ure Time 6Am 5/7
Estimat	ted Travel Time 3,5 hrs there's back
0. City of Coli State MD Estimat	ad Distance (Dound Total
7. Place of overnight lodging (name, address & phone #)	known as at my
8. Identify students by name (Use attached sheet if necessary	
y and (and the state of the st	
9. Cost to students × 200 Cost to school organization	Cont to Board A
10. Describe the relevance of the trip: educational, cultural, e	Cost to Board
Senior to	ic./educational activities
- Sentariti	
11. Other activities planned	
12. How will this and a long of	
12. How will this trip benefit your students?	
12 T	
13. Type of transportation used charter be;	
14. Have trip permission slips been signed and are they in the possession of trip sponsor or leader?	
Yes X No If NO, indicate why: 540	ent list not considered
	11
100	
2/13/2020	Dulle 2/12/2002
Sponsor's Signature Date Principals Signa	Day Cour
/ Trincipals Signa	iture Date '
Twin has been	
Trip has beenapproveddisapproved. Reason for dis	approval
	1
	1
Signature of Superintendent/Designee Date	Board Approval Date

RELATED PROCEDURES: 09.36 AP.211, 09.36 AP.212, 09.36 AP.22

Review/Revised: 3/16/06