

This form is to be used by the staff when requesting permission to take a field trip. The completed form is to be submitted to the Superintendent one (1) week in advance of the next scheduled meeting of the Board. Complete pertinent information on next page.

Destination National Beta Convention / Competition, Orlando, Florida  
 Date(s) of Trip 6/22/21 to 6/28/21 Time of Departure 8:30 am \*Time of Return 9:05 pm  
 Approximate Mileage (one way) NA  
 Approximate Number of Students 15 Approximate Number of Adults 4  
 Number of Buses Required NA Method of Transportation (if not school bus) airplane  
 Will you stop for lunch? YES ☐ NO ☒ If "YES", where? \_\_\_\_\_

**TEACHER IS RESPONSIBLE FOR NOTIFYING CAFETERIA OF DETAILED LUNCH PLAN**

Number of Instructional Days lost 0 Justification: What is to be learned NA  
 How will the experience be used and evaluated? See attached sheet  
 Names of chaperones (if applicable) Lisa Hornback, Vickie Shearer, Alex Shearer, Shawn Sizemore

Have all chaperones undergone the required records check and been designated by the principal/designee to YES NO

**TRIP INFORMATION**

**Financial Costs**

Mileage (estimate) \$ —  
 Driver (estimate) \$ —  
 Hotel \$ 6816.00  
 Meals \$ 3800.00  
 Admission \$ 875  
**TOTAL** \$ 11491.00

**Method of Payment**

Student Payment \$ 500.00  
 School Activity Acct \$ —  
 Athletic Boosters \$ —  
 Band Boosters \$ —

Beta + students

Requested by Lisa Hornback Date 3/4/21  
 Approved/Disapproved [Signature], Principal Date 3/4/21  
 Approved/Disapproved [Signature], Superintendent Date 3/8/2021

\* approval contingent upon Covid conditions and State/federal guidance at time of scheduled travel.  
 \_\_\_\_\_ Principal approval for all field trips.  
 \_\_\_\_\_ Superintendent approval is required for all field trips over 65 miles one (1) way.  
 \_\_\_\_\_ Superintendent approval is required for all overnight field trips.

\*On school days, the return time should not exceed 2:00 p.m.

Requesting School EHS Organization/Team/Class Beta club  
 Date(s) of Trip 6/22/21 - 6/28/21 Destination Orlando, Florida  
 Number of Buses Required 0 Teacher(s)/Sponsor(s) in Charge Lisa Hornback  
 Time of Departure NA Time of Return (by 2:00 pm on school day) NA - during the summer.  
 Fund Responsible for Payment Beta  
 Will you stop for lunch? YES NO If "YES", where? NA  
 Do you need storage? YES NO NA

### TRANSPORTATION - DRIVER'S REPORT - NA

Driver Assigned \_\_\_\_\_ Bus Number \_\_\_\_\_

Odometer Reading	
End of Trip	_____
Start of Trip	_____
Total Miles	_____

Time of Trip	
Time Started	_____
Time Ended	_____
Total Time	_____

Please Check:	
_____	In City
_____	Out of County
_____	Dropped and Returned
_____	Dropped - Waited - Returned

Number of students transported	_____
Number of adults transported	_____

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director of Transportation Signature \_\_\_\_\_ Date \_\_\_\_\_

### CENTRAL OFFICE ONLY

Amount Paid Driver \$ \_\_\_\_\_ Date \_\_\_\_\_

### RELATED PROCEDURES:

09.36 AP.211

Review/Revised: 7/18/16