

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 Whitaker Bank Ball Park (BASEBALL STATE TOURNAMENT)

Date(s) of Trip 6/14/21 to 6/24/21 Time of Departure 8:00 AM \*Time of Return 5:00 PM

Approximate Mileage (one way) 90 miles

Approximate Number of Students 22 Approximate Number of Adults 7

Number of Buses Required 1 Method of Transportation (if not school bus) \_\_\_\_\_

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 STATE TOURNAMENT

How will the experience be used and evaluated? Possible overnight stay for Baseball State Tournament

Names of chaperones (if applicable) Baseball coaching staff (Kelly Fisher, Jeff Bowman, Will Sidebottom, Ben Stewart, Leonard Brown, Joe Nepi, Chase Greenwell)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?

YES NO

**TRIP INFORMATION**

**Financial Costs**

Mileage (estimate)	\$ <u>180 miles</u>
Driver (estimate)	\$ _____
	<b>\$500-\$1,00</b>
Hotel	\$ <u>0</u>
	<b>\$500-\$1,00</b>
Meals	\$ <u>0</u>
Admission	\$ _____
<b>TOTAL</b>	<b>\$ <u>\$3,000.00</u></b>

**Method of Payment**

Student Payment	\$ _____
School Activity Acct	\$ _____
Athletic Boosters	\$ _____
Band Boosters	\$ _____

Requested by Chase Greenwell Date 4/13/21

Approved/Disapproved \_\_\_\_\_, Principal Date \_\_\_\_\_

Approved/Disapproved \_\_\_\_\_, Superintendent Date \_\_\_\_\_

\_\_\_\_\_  
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 _____	Organization/Team/Class _____
Date(s) of Trip _____	Destination _____
Number of Buses Required _____	Teacher(s)/Sponsor(s) in Charge _____
Time of Departure _____	Time of Return (by 2:00 pm on school day) _____
Fund Responsible for Payment _____	
Will you stop for lunch?	YES      NO      If "YES", where? _____
Do you need storage?	YES      NO

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### TRANSPORTATION - DRIVER'S REPORT

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