School-Related Student Trip Request Form

| SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP. | |
|---|------------|
| SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Frue, Tackett, WC | iller. |
| TYPE OF TRIP (CHECK ONE): | rkuhi |
| Classroom Field Trip | |
| ☐ Organization/Club Trip, specify ☐ Other (athletic, band, if applicable) | |
| DESTINATION Ray Jewell Parkaddress Ray Rd Taylorille PHONE 376-98 Out of State Out of County Within County | 5 U |
| □ Overnight: give name, address, phone of lodging | |
| PURPOSE/EDUCATIONAL VALUE CLASS TO COMMUNITY EXPLORATION | |
| SOURCE OF FUNDING FOR TRIP Students - \$2.50 per student & chaper | ו מחמ |
| NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. | |
| SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY STINGLED NUMBER OF STUDENTS FACULT SPONSORS OTHER CHAPERONES IO MODE OF TRANSPORTATION | |
| IS DISTRICT TRANSPORTATION NEEDED? DNO 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 15-2 | |
| Signature of Faculty Sponsor Date | |
| Trip has been paperoved disapproved. Reason for disapproval | |
| 4.11-21 | |
| 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. | |
| FIELD TRIP CHARGES \$.93 per mile Regular hourly rate for driver, plus overtime if driver's hours All near week | |
| exceed 40 per week Send copy to lunchroom: | |
| Admission to event provided by sponsor: Yes No Bus limits: 2 persons per seat | |
| Overnight lodging: Single room Driver time starts 15 min. before departure and ends 15 min. | |
| after arrival Driver requested: 12,Number of buses requested: | |
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