FIELD TRIP REQUEST FORM

Name of School:	Ryle I-		hool		
Date of Field Trip:	6/28/2022	to	7/3/22		
Days of School Miss	ed:	0			
Location of Field Tri	p:C	hicago	, IL		
Grade Level and Nur	nber of Students.	Attending: $\frac{9}{}$	-12 6	_	
Number of Chaperon			1	_	C.S.
What form of transpo	rtation will be us	ed?* Be Spec	ific. Common	Carrier	
Have field trip rules Are there students be Does this trip comply	neen explained to ing denied the rig	the students	and chaperones?	YES V NO V YES V NO V	
Brief Description (B				Conference	· ·
Please check the app	for 1 (one) day t	rips using sch	ool bus or private	automobile.* BND ALL FORMS TO DIST	TRICT
OFFICE.					
Extracurri	eular trips.		ANT SUPERIN	nctional day and Co-curricula	r/
	for trips taken b		rrier. O OF EDUCATIO	ON.	
SUPERINTENDE	NT'S OFFICE I	BY NOON A	T LEAST (11) W	D BE SUBMITTED TO TH ORKING DAYS PRIOR T	Œ O THE
Sponsor Signature: Principal Signature	M	7		Date Approved: 5/	24/20
DISTRICT OFF	ICE USE ON	LY			
Approved by:		A Birmin		Date:	
* Drivers of priva	nte automobiles :	need to comp	lete the Auto Ins	surance Affidavit Form.	

Please print this form and email to mailto:tammy.jump@boone.kyschools.us

Print

- Email