

**TRIP REQUEST - OVERNIGHT  
(Student)**

*This form must be submitted to the Superintendent according to the schedule required for  
placement on the monthly Board Agenda.*

SPONSORING CLUB/ACTIVITY 5<sup>th</sup> Grade - LES

NAMES OF SPONSORS Troy Clifton, Tami Clayton, Shirley  
Harris, Lisa Smith, Jackie Ellison

TRIP DESTINATION Camp Joy, Clarksville, OH

PURPOSE Environmental Awareness, Cultural history, Adventure

DATE OF TRIP April 13-14, 2023 NUMBER OF STUDENTS ~ 60

NAMES OF CHAPERONS TBD - Troy Clifton, Tami Clayton,  
Shirley Harris, Lisa Smith, Jackie Ellison

PERSON REQUESTING Troy Clifton DATE OF REQUEST 12/1/22

SIGNATURE OF PERSON MAKING REQUEST 

SIGNATURE OF PRINCIPAL  SCHOOL Lincoln  
Elementary  
School

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

SIGNATURE OF SUPERINTENDENT \_\_\_\_\_

## School-Related Student Trip Request Form

SUBMIT THIS FORM ☐ ONE WEEK ☐ TWO WEEKS ☐ OTHER, SPECIFY \_\_\_\_\_ PRIOR TO THE TRIP.

SCHOOL Lincoln FACULTY MEMBER(S) SPONSORING TRIP Troy Clifton

**TYPE OF TRIP (CHECK ONE):**

- ☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 5<sup>th</sup> Grade  
☐ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION Camp Joy ADDRESS 10117 Old CCC Rd. PHONE 937-289-2031

☒ Out of State ☐ Out of County ☐ Within County Clarksville, OH 45113

☒ Overnight; give name, address, phone of lodging 10117 Old CCC Rd.  
Clarksville, OH 45113

DATE(S) OF TRIP 4/13 - 4/14/23 DEPARTURE TIME ~ 8:30 AM RETURN TIME ~ 6:30 PM

PURPOSE/EDUCATIONAL VALUE Environmental Awareness, Cultural History,  
Adventure

SOURCE OF FUNDING FOR TRIP Fundraising

*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY.*

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,  
SPECIFY Camp Joy 5<sup>th</sup> Grade Fund

NUMBER OF: STUDENTS ~60 FACULTY SPONSORS ~ 5 OTHER CHAPERONES ~ 10  
TOTAL # OF PARTICIPANTS ~ 75

**MODE OF TRANSPORTATION**

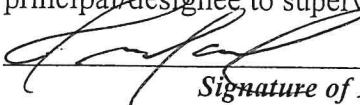
IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212.

☐ 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 check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No (*will be checked*)

  
\_\_\_\_\_  
Signature of Faculty Sponsor

12/1/23  
\_\_\_\_\_  
Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
_____ 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.	