

Out of State

PO #:

School- Related Student Trip Request Form
SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP

SCHOOL: SCHS FACULTY MEMBER SPONSORING TRIP: April Roberts

☐ Classroom Field Trip ☐ Class Trip (whole grade), specify _____
☒ Organization/ Club: FCCLA ☐ other (athletic, band, etc.) _____

DESTINATION: Denver, CO - Embassy Suites Downtown Convention Center ADDRESS: 1420 Stout St. Denver Co. 80202
☒ Out of State ☐ Out of County ☐ within County ☒ Overnight: _____

DATE(S) OF TRIP: June 30-July 7 DEPARTURE TIME: 8 am RETURN TIME: 11 pm
PURPOSE/ EDUCATION VALUE: National Leadership Meeting - students
Compete, go to leadership training

SOURCE OF FUNDING FOR TRIP: SCHS FCCLA, LAVEC Funds, Parental Support
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY.

BILL TRIP EXPENSES TO:

☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER: _____
NUMBER OF STUDENTS: 1 FACULTY SPONSORS: 1 OTHER CHAPERONES: _____
TOTAL NUMBER OF PARTICIPATES: 2

MODE OF TRANSPORTATION:

IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES, SEE PROCEDURE 09.36 AP.21.2 ☐ BUS ☐ VAN
☐ CERTIFIED COMMON CARRIER; SPECIFY _____
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION: (Attach a list of names of adults accompanying students on trip).

Have all chaperones undergone the required AOC check and been designated by the principal/designee to supervise students? ☒ YES ☐ NO

April Roberts

Name of Faculty Sponsor

3-30-23

Date

Trip has been: ☐ approved ☐ disapproved. Reason: _____

[Signature]

Signature of Superintendent/Designee

4/14/2023

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: Bus Limit: 2 persons per seat

\$0.93 per mile

Regular hourly rate for driver; plus overtime

If driver's hours exceed 40 per week.

Overnight lodging: Single room.

Drive time starts 15 minutes before departure and
15 minutes after arrival.

Meals provided by sponsor: ☐ YES ☐ NO
Send copy to lunchroom: ☐ YES ☐ NO
Admission to event provided: ☐ YES ☐ NO

Number of Buses Requested: _____

TRANSPORTATION OFFICE USE ONLY:

Drivers: 1. _____ 2. _____ 3. _____