Overnight-

School- Related Student Trip Request Form

SUBN	MIT THIS FORM TWO (2) WEEKS <u>PRIOR</u> TO THE	TRIP	
SCHOOL: SCHS	FACULTY MEMBER SPONSORING TR	. April Robert	5
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☐ Classroom Field Trip ☐ Class Trip ☐ Organization/ Club: FCLL	(whole grade), specify	'Mhaholi Vo	W
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DESTINATION:	unty within County Governight	Comp ra. Harair	Sh
Out of State Out of Cou	unty U within County La Overnight	3 30-62	
DATE(S) OF TRIP: 5 30 - 6	ate Leadership Car	RETURNALME: 2:00	P
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SOURCE OF FUNDING FOR TRIP:	CCLA, Parental Su	2PDV-T	_
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SPONSORING ORGANIZATION		THER;	
NUMBER OF STUDENTS:	FACULTY SPONSORS: 2	OTHER CHAPERONES:	
TOTAL NUMBER OF PARTICIPA	NTES: 68		_
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IS DISTRICT TRANSPORTATION NEEDED	D? 🗆 NO 🛂 ES, see reocedure 09.36 ap. 212 🗀 BU	IS EVAN because	
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