

Out-of-STATE

PO #:

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

SCHOOL: SC4S FACULTY MEMBER SPONSORING TRIP: Bland Baird

☐ Classroom Field Trip ☐ Class Trip (whole grade), specify \_\_\_\_\_  
☒ Organization/ Club: FFA Dairy ☐ other (athletic, band, etc.) \_\_\_\_\_

DESTINATION: McLwaukee, Wisc ADDRESS: \_\_\_\_\_  
☒ Out of State ☐ Out of County ☐ within County ☐ Overnight: \_\_\_\_\_

DATE(S) OF TRIP: Aug 23, 4, 5 DEPARTURE TIME: 7:00 RETURN TIME: 7:00 p.m.  
PURPOSE/ EDUCATION VALUE: Prepare for State FFA Dairy Contest. Aug 5

SOURCE OF FUNDING FOR TRIP: Dairy Account H. Chace  
**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: 5 FACULTY SPONSORS: 1 OTHER CHAPERONES: 1  
TOTAL NUMBER OF PARTICIPATES: 7

**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 ABC check and been designated by the principal/designee to supervise students? ☒ YES ☐ NO

Bland Baird  
Name of Faculty Sponsor

6-12-2023  
Date

Trip has been: ☐ approved ☐ disapproved. Reason: \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

6/21/2023  
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. \_\_\_\_\_