

School-Related Student Trip Request Form

All requests for overnight trips shall be submitted two (2) months prior to the trip. All other trips shall submit requests two (2) weeks prior to the trip.

SCHOOL Belle vue High School FACULTY MEMBER(S) SPONSORING TRIP C. Wheatley

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class (i.e., junior, senior) Trip, specify Senior Class Trip
- Organization/Club Trip, specify _____
- Other (athletic, band, if applicable) _____

DESTINATION Disney World ADDRESS 1901 W Buena Vista Dr. PHONE (407) 939-5277

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging _____

We will stay at one of the All-Star resorts again

DATE(S) OF TRIP Mar. 10-13, 2025 DEPARTURE TIME Depends on Flight RETURN TIME Depends on Flight

PURPOSE/EDUCATIONAL VALUE This is where the class of 2025 voted to take their annual senior class trip, which is their last group trip together!
No student shall be denied the trip because of an inability to pay.

SOURCE OF FUNDING FOR TRIP Fundraisers, individual

BILL TRIP EXPENSES TO:

- SPONSORING ORGANIZATION
- SCHOOL COUNCIL
- BOARD
- OTHER, SPECIFY Class of 2025

SUPERVISION: (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

NUMBER OF: STUDENTS ^{at least} 10 FACULTY SPONSORS ^{at least} 2 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS * must have 10 sign up to go

ALL CHAPERONES HAVE UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? YES NO

MODE OF TRANSPORTATION:

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY Either Frontier Airlines or Delta Airlines
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

<u>Charlie Wheatley</u> Signature of Faculty Sponsor	<u>9-3-24</u> Date
<u>[Signature]</u> Signature of Principal	<u>9/3/24</u> Date
<u>Kathleen Barker Rk</u> Signature of School Nurse	<u>9-3-24</u> Date
<u>[Signature]</u> Signature of Food Service Director (Only needed if field trip will cause students to miss lunch.)	<u>9-5-24</u> Date

Trip has been approved 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.

RELATED PROCEDURES:
09.36 AP.211, 09.36 AP.212, 09.36 AP.23

OK J. H
OK M. H

Review/Revised: 7/25/2017