

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Preschool

TYPE OF TRIP (CHECK ONE):

☒ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____DESTINATION The Childrens Theatre ADDRESS 4015 Red Bank Rd PHONE _____☒ Out of State ☐ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP Oct 23, 2025 DEPARTURE TIME 9:10 RETURN TIME 11:20PURPOSE/EDUCATIONAL VALUE Children seeing dramatic play in a different formSOURCE OF FUNDING FOR TRIP preschool

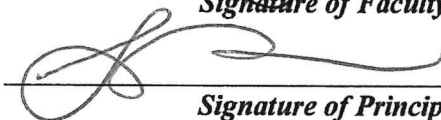
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY preschoolNUMBER OF: STUDENTS 21 FACULTY SPONSORS 7 OTHER CHAPERONES 7
TOTAL # OF PARTICIPANTS 35

MODE OF TRANSPORTATION

☒ CERTIFICATED COMMON CARRIER; SPECIFY Campbell County
☐ PRIVATE VEHICLE, AS 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 ☐ NoCourtney Scott
Signature of Faculty Sponsor9/23/25
Date
Signature of Principal9/23/25
Date_____
Signature of Additional Faculty_____
DateTrip has been ☐ approved ☐ disapproved. Reason for disapproval __________
Signature of Board Chairperson Date

For overnight and/or out-of-state trips, approval of the Board may be required by policy 09.36.