

## School-Related Student Trip Request Form

SUBMIT THIS FORM  ONE WEEK  TWO WEEKS  OTHER, SPECIFY \_\_\_\_\_ PRIOR TO THE TRIP.

SCHOOL Lincoln FACULTY MEMBER(S) SPONSORING TRIP 5th Grade

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 Camp Say ADDRESS 10117 Old 3 C PHONE Clarksville, OH

Out of State  Out of County  Within County  
 Overnight; give name, address, phone of lodging on sight

DATE(S) OF TRIP April 16 + 17 DEPARTURE TIME 8:00 am RETURN TIME 5:30 pm

PURPOSE/EDUCATIONAL VALUE educational classes

SOURCE OF FUNDING FOR TRIP - sponsorship + students

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

BILL TRIP EXPENSES TO:  SPONSORING ORGANIZATION  SCHOOL COUNCIL  BOARD  OTHER, SPECIFY \_\_\_\_\_

NUMBER OF: STUDENTS 50 FACULTY SPONSORS 5 OTHER CHAPERONES ?(10)  
TOTAL # OF PARTICIPANTS 65

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED?  NO  YES, SEE PROCEDURE 09.36 AP.212.

CERTIFIED COMMON CARRIER; SPECIFY \_\_\_\_\_

PRIVATE VEHICLE, IF 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  No

Tim Chennet  
Signature of Faculty Sponsor

1/23/26  
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.