

## 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 Soy ADDRESS 10117 old 3c 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.

☐ CERTIFICATED 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 Cherest  
Signature of Faculty Sponsor

11/23/26  
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.