**Updated Out of State JAG Nationals Trip**

Our High School JAG program will be taking 13 students to nationals, and our Middle School JAG program will also be taking 13 students to nationals. Mrs. Wolford and Dr. Adkins will also be attending the trip as chaperones.

Updated 3-13-26

STUDENTS 09.36 AP.21

# School-Related Student Trip Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.
A SEATING CHART FOR ALL TRIPS MUST BE SUBMITTED TO THE PRINCIPAL PRIOR TO THE TRIP.

SCHOOL Menifee FACULTY MEMBER(S) SPONSORING TRIP Adkins / Wolford

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☑ Organization/Club Trip , specify JAG ☐ Other (athletic, band, if applicable) ___
DESTINATION Salt lake City Utah ADDRESS 555 Main Salt Lake City UTAH 84111 PHONE 1-801-252-6000
☑ Out of State ☐ Out of County ☐ Within County
☑ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP April 29 - May 3 DEPARTURE TIME 8:00 AM RETURN TIME 7:00 pm
PURPOSE/EDUCATIONAL VALUE JAG National competitions

SOURCE OF FUNDING FOR TRIP PRT, JAG, donations

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

BILL TRIP EXPENSES TO: ☑ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____

NUMBER OF: STUDENTS 26 FACULTY SPONSORS 5 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 31

FOOD SERVICE: ARE MEALS TO BE PROVIDED BY FOOD SERVICE?

☑ NO ☐ YES, # OF STUDENTS _____ - COMPLETE PAGE 2 AND SUBMIT 2 WEEKS PRIOR TO TRIP

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.)

☑ YES ☐ NO I HAVE AN EVENT-SPECIFIC EMERGENCY ACTION PLAN FOR THE TRIP SITE AND WILL DISTRIBUTE TO ALL PERSONNEL ATTENDING THE EVENT IN AN OFFICIAL CAPACITY.

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☑ Yes ☐ No

Thomas Wolford _____
*Signature of Faculty Sponsor* *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.