

School Related Student Trip Request Forms

Complete this form for Out-of-State trips or trips using Alternative Transportation.

Name of Activity/Sport: Choir

Coach/Sponsor: Jonathan Adkins / Emilee Givens

Location of Activity: St. Louis, MO

Dates of Activity: April 2-4, 2027

Number of Students: 35-39

Number of Chaperones: 5

Mode of Transportation: School Bus Commercial Bus*
 Other (please specify) _____

*If Commercial: Required Liability Insurance Certificate must be provided once details confirmed.

Approx. **Cost for transportation if commercial:** TBD

No personal/parental transportation allowed.

Name of Lodging: TBD

Address: _____

Phone: _____

Approx. Cost per student: ~~_____~~

Emergency Contact for Coaches/Sponsors	Emergency Contact Phone Number
<u>Shelly Adkins</u>	<u>(859) 224-7699</u>

List Events Students will attend and dates: 4/2: City Museum, St. Louis Science Center, Bandana's Bar-B-Q, Mamma Mia @ Fabulous Fox Theatre
4/3: St. Louis Six Flags | 4/4: St. Louis Arch, Bally Sports Live!, St. Louis Zoo

List approx. cost of individual events (if applicable): _____

Fund Raising Activities needed? Yes No

If yes, provide overview of details. ~~_____~~

Explain what provisions will be made for pupils who need financial assistance:
Individual Sponsorships will be worked out on a need basis

Total individual cost per student: \$840

(Continue on next page)

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Will Boosters Clubs be paying for all or part? Yes No. If yes, how much: _____

Print Booster President/Designee's Name

Booster President/Designee's Signature

Date

Will General Athletic Fund be paying for any part? Yes No If yes, how much: _____

Print School Athletic Director's Name

School Athletic Director's Signature

Date

Print Coaches' Name

Coaches' Signature

Date

I have reviewed and discussed these details with the coach/sponsor. I approve I Disapprove

Print Principal's Name

Principal's Signature

Date

This box to be completed only if request applies to sporting events.

I have reviewed all details: I approve I Disapprove

Print District Athletic Director's Name

District Athletic Director's Signature

Date

A completed staff note must be attached to this prior to submission.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised:10/20/2016