

School- Related Student Trip Request Form

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

SCHOOL _____ FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

CLASSROOM FIELD TRIP CLASS (I.E., JUNIOR, SENIOR) TRIP, SPECIFY _____

ORGANIZATION/CLUB TRIP, SPECIFY _____ OTHER (ATHLETIC, BAND, IF APPLICABLE) _____

DESTINATION _____ ADDRESS _____ PHONE _____

OUT OF STATE OUT OF COUNTY WITHIN COUNTY

OVERNIGHT; GIVE NAME, ADDRESS, PHONE OF LODGING _____

DATE(S) OF TRIP _____ DEPARTURE TIME _____ RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 _____ FACULTY SPONSORS _____ OTHER CHAPERONES _____ TOTAL # OF PARTICIPANTS _____

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 (LIST NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP) _____

Signature of Faculty Sponsor

Date

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

Date

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

RELATED PROCEDURES:

09.36 AP .211

09.36 AP .212

09.36 AP .22