

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE TRIP.

SCHOOL \_\_\_\_\_ FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

**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 \_\_\_\_\_ 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.

School Bus \_\_\_\_ Charter Bus \_\_\_\_ Air \_\_\_\_\_ Private Car \_\_\_\_ District-Owned Vehicle \_\_\_\_

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

\_\_\_\_\_  
*Signature of Principal*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Faculty Sponsor*

\_\_\_\_\_  
*Date*

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
_____	
_____ <i>Signature of Superintendent/Designee</i>	_____ <i>Date</i>

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