School-Related Student Trip Request Form

SUBMIT THIS FORM TWO WEEKS 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.**

☐ **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 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.

RELATED PROCEDURES:

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

Review/Revised:9/13/01