Mercer School-Related Student Trip Request Form for Approval UPDATED

School _____ Faculty Member(s) sponsoring trip _____

Type of Trip (check one):
□ Classroom/Grade Field Trip_____
□ Athletic/Organization/Club Trip, specify _____
□ Other, specify_____

Destination _____Address _____Phone _____
□ Out of State
□ Out of County
□ Within 100-mile radius of school
□ International
□ Overnight
Name of Lodging (If applicable): _____

Address: _____

Phone: _____

Date(s) of Trip_____

Departure Time _____ Return Time _____

List Events Students will attend and dates: _____
_____

Fundraising activities needed? □ No □ Yes. If yes, provide overview of details.
_____
Explain what provisions will be made for pupils who need financial assistance:
_____

Total individual cost per student: _____

Source(s) of Funding (Check all that apply)
No student shall be denied the trip because of an inability to pay.

□	Types	Name	Amount
□	Sponsoring organization		
□	School Council		
□	Mercer Co. School Board		
□	Booster Club/Sponsor		
□	Athletic Department		
□	Athletic Team		
□	Student fundraising		
□	Grant		
□	Other		

Number of Students: _____ Number of Staff: _____Number of Chaperones: _____

Supervision Requirements

Attach list of names of adults accompanying students on trip, including adults' emergency contact information and phone numbers.

□ Yes □ No All chaperones have undergone the required records check and been designated by the principal/designee to supervise students.

□ Yes □ No If a school-sanctioned nonathletic event is off-campus, an event-specific emergency action plan has been provided for this trip. Attach with request.

□ Yes □ No The school nurse has been notified of the trip, and staff will obtain the nurse's essential first aid supplies and materials.

□ Yes □ No *For out-of-state/international trip, the legal requirements concerning delegation of student medication responsibilities in states through which students will be travelling have been identified, and staff has been assigned to accompany students on the field trip to address student medication needs.

Mode of Transportation
The sponsoring group is responsible for all transportation costs associated with the trip, including the driver's salary, plus any applicable overtime wages and deductions required by law. *No personal/parental transportation allowed.

□ District bus transportation needed

□ **District** school vehicles

□ Certificated common carrier; specify _____

□ Private vehicle, if allowed by policy; specify driver(s) _____

Areas of expense: District Transportation	Estimated Expenses (Before approval)
Driver(s) salary	
Fuel cost	
Mileage	
Meals, if applicable	
Lodging, if applicable	
Driving Time	
Layover Time	
Miles	
Others (list)	

Estimated cost for transportation if commercial: _____
*If Commercial: Required Liability Insurance Certificate must be provided once details are confirmed.

_____ _____
Signature of Faculty/Sponsor Requesting trip **Date Submitted**

□Trip has been approved.
□ This request has been denied.
Reason for denial: _____
Principal: _____ Date _____
Superintendent/Designee_____ Date_____
Mercer County School Board Chair_____ Date_____
For Athletic Events that require additional approvals according to policy 09.36
Mercer County Athletic Director _____ Date _____

*See Board Policy 09.36 to determine approval process

Following approval of the trip, provide Food Service the following information:

□ Yes □ No Interested in boxed lunches.

□ Yes □ No Notify Food Service of field trip and provide a list of the homeroom (lunch periods) teachers that will be attending the field trip even if boxed lunches are not needed. (Attached)

List of dates lunches need to be provided: _____

Scan document to transportation and nurses.