SchoolRelated Student Trip Request Form

SUBMIT THIS FORM TO THE BUILIDNG PRINCIPAL TWO (2) 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
☐ Other (athletic, band, if applicable)
DESTINATIONADDRESSPHONE
□ Out of State □ Out of County □ Within County
☐ Overnight; give name, address, phone of lodging(Out-of-state and overnight trips, plus any trip charging fees to students, must have prior Board approval)
DATE(S) OF TRIP DEPARTURE TIME RETURN TIME
PURPOSE/EDUCATIONAL VALUE
*NO STUDENT SHALL BE DENIED THE TRIP DUE TO AN INABILITY TO PAY.
TOTAL ESTIMATED COST OF TRIP \$ *Fee charged to student \$
FOR HIGH SCHOOL USE ONLY: Approval of Head Adviser/Department Head Verification of Funds Available by Bookkeeper Purchase Order No
BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY
NUMBER OF STUDENTS FACULTY SPONSORS CHAPERONES TOTAL # OF PARTICIPANTS MODE OF TRANSPORTATION:
□ DISTRICT TRANSPORTATION? (IF "YES", SEE PROCEDURE 09.36 AP.212) □ CERTIFICATED COMMON CARRIER; SPECIFY
☐ PRIVATE VEHICLE, IF PRIOR WRITTEN ARRANGEMENTS ARE MADE BY THE PARENT AND PRINCIPAL 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:01/21/2020