

School-Related Student Trip and Bus Request Form

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

SCHOOL _____ FACULTY MEMBER(S) SPONSORING TRIP _____

NUMBER OF: STUDENTS _____ FACULTY SPONSORS _____ OTHER CHAPERONES _____ TOTAL # OF PARTICIPANTS _____

SUPERVISION (LIST NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) _____

HAS THIS TRIP BEEN BOARD APPROVED IF OVER 50 MILES ONE WAY OR OUT OF STATE? ☐ YES ☐ NO ☐ ON NEXT BOARD AGENDA

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), *Specify* _____

☐ Organization/Club Trip, *Specify* _____ ☐ Other (athletic, band, if applicable) _____

PURPOSE/EDUCATIONAL VALUE _____

DESTINATION _____ ADDRESS _____ PHONE _____

☐ Out-of-State ☐ Out-of-County ☐ Within-County

☐ Overnight (*Give name, address, phone number of lodging.*) _____

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

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* _____

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES, SEE PROCEDURE 09.36 AP.212.

ESTIMATED MILEAGE ROUND TRIP _____ PREFERRED DRIVER'S NAME (IF APPLICABLE) _____

☐ CERTIFICATED COMMON CARRIER; *SPECIFY* _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; *SPECIFY DRIVER(S)* _____

Faculty Sponsor's Signature

Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

Principal/Designee's Signature

Date

Superintendent/Designee's Signature

For overnight and/or out-of-state trips, approval of the Board shall be required by Policy 09.36.