

SCHOOL-RELATED STUDENT TRIP REQUEST FORM

All requests for overnight trips shall be submitted two (2) months prior to the trip.
All other trips shall submit requests two (2) weeks prior to the trip.

SCHOOL _____ FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

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

- No student shall be denied the trip because of an inability to pay. -

SOURCE OF FUNDING FOR TRIP _____

BILL TRIP EXPENSES TO:

SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY: _____

SUPERVISION: (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP,)

NUMBER OF: STUDENTS _____ FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL# OF PARTICIPANTS _____

ALL CHAPERONES HAVE UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE
PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? Yes No

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) _____

Signature of Faculty Sponsor _____
Date

Signature of Principal _____
Date

Signature of School Nurse _____
Date

Signature of Food Service Director _____
Date
(Only needed if field trip will cause students to miss lunch.)

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.

