

**School-Related Student Trip Request Form**

SUBMIT THIS FORM  ONE WEEK  TWO WEEKS  OTHER, SPECIFY \_\_\_\_\_ 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 (LIST NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Faculty Sponsor's Signature*

*Date*

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
_____	
<i>Principal/Designee's Signature</i>	<i>Date</i>
_____	_____
<i>Superintendent/Designee's Signature</i>	<i>Date</i>
_____	_____
For overnight and/or out-of-state trips, approval of the Board shall be required by Policy 09.36.	

**RELATED PROCEDURES:**

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

Review/Revised: 1/8/04