

School-Related Student Trip Request Form

SUBMIT THIS FORM NO LATER THAN TWO WEEKS PRIOR TO THE TRIP.

DATE: _____ SCHOOL: _____

- 1) All drivers are scheduled by calling the bus garage at 866-4844.
- 2) Do not pay the driver yourself.
- 3) No field trips for the last two weeks of school unless on a Saturday.
- 4) Please try to avoid scheduling trips in May.
- 5) All out-of-state or overnight trips must be approved by the Board.

DATE(S) OF TRIP: _____ NUMBER OF STUDENTS: _____

LEAVE TIME: _____ RETURN TIME: _____

CLASS OR CLUB/GROUP: _____

DISTRICT NURSE NOTIFIED DATE AND SIGNATURE: _____

YES will be taking sack lunches Number of Meals _____

YES will be taking sack breakfasts Number of Meals _____

School Café Manger Notified (Date & Signature): _____

Destination: _____

Purpose: _____

Teacher(s), Aide(s), and Chaperone(s): _____

Scheduled Bus Driver: _____

Charge Cost of Trip to: _____

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:2/22/2021