

School-Related Student Trip Request Form

Submit this form two (2) weeks prior to the trip.

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP L. Eaglin

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class (i.e., junior, senior) Trip, specify _____
 Organization/Club Trip, specify _____ Other (athletic, band, if applicable) Spring Break Trip

DESTINATION Europe ADDRESS Italy, France PHONE _____

- Out of State Out of County Within County
 Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Spring Break 2015 DEPARTURE TIME TBD RETURN TIME TBD

PURPOSE/EDUCATIONAL VALUE increased cultural awareness

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

SOURCE OF FUNDING FOR TRIP CCHS students

BILL TRIP EXPENSES TO:

- SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY students

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

NUMBER OF: STUDENTS 12-15 FACULTY SPONSORS 1 OTHER CHAPERONES 2-4 parents

TOTAL # OF PARTICIPANTS 20

ALL CHAPERONES HAVE UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? YES NO Not yet but will!

MODE OF TRANSPORTATION:

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

CERTIFICATED COMMON CARRIER; SPECIFY Delta Airlines

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

Lynn M. Eaglin
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: 6/18/09