

School-Related Student Trip Request Form

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP ADAM STOCKHAUSEN

TYPE OF TRIP (CHECK ONE):

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

Destination Purdue University Address 812 3rd St, West Lafayette, IN Phone _____

Out of State Out of County Within County

Overnight; give name, address, phone of lodging _____

Quality Inn & Suites, 4221 State Rd 26 E Lafayette, IN 47905, **765-447-9460**

DATE(S) OF TRIP 3/19/14 – 3/23/14 DEPARTURE TIME 4:30PM RETURN TIME 8:30PM

PURPOSE/EDUCATIONAL VALUE ROBOTICS TEAM WILL SHOWCASE THEIR ROBOT AT THE 4 DAY COMPETITION AT PURDUE UNIVERSITY

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

SOURCE OF FUNDING FOR TRIP DOW CORNING GRANT FOR ROBOTICS CLUB

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 7 FACULTY SPONSORS 2 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 9

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) _____

 Adam Stockhausen 2/19/14

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