

**School-Related Student Trip Request Form**

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

SCHOOL CCUS FACULTY MEMBER(S) SPONSORING TRIP Bill Verble

TYPE OF TRIP (CHECK ONE):

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

DESTINATION New York ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging to be determined

DATE(S) OF TRIP Nov. 11-15, 2020 DEPARTURE TIME to be determined RETURN TIME to be determined

PURPOSE/EDUCATIONAL VALUE to give students an opportunity to improve their cultural awareness

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

SOURCE OF FUNDING FOR TRIP student payment

BILL TRIP EXPENSES TO:

- SPONSORING ORGANIZATION
- SCHOOL COUNCIL
- BOARD
- OTHER, SPECIFY \_\_\_\_\_

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

NUMBER OF: STUDENTS 40 FACULTY SPONSORS 5 OTHER CHAPERONES unclear

TOTAL # OF PARTICIPANTS 45

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

MODE OF TRANSPORTATION:

*\* planning to fly - will need bus to airport & pickup back to school*

- 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]  
Signature of Faculty Sponsor

January 7, 2020  
Date

Trip has been  approved  disapproved. Reason for disapproval \_\_\_\_\_

[Signature] \_\_\_\_\_  
Signature of Superintendent/Designee

1/13/2020  
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