

SCHOOL REQUEST FORM FOR ALL TRIPS

ALL REGISTRATION FEES, TRAVEL EXPENSES AND SUBSTITUTE CHARGES WILL BE PAID BY THE LOCAL SCHOOL

Type of Activity/Activities you are requesting:

FIELD TRIP \_\_\_\_\_ BAND TRIP \_\_\_\_\_ PROFESSIONAL LEAVE \_\_\_\_\_

\*OVERNIGHT TRIP W/STUDENTS \_\_\_\_\_

\*This requires board approval. To ensure approval before the trip please submit request to Central Office at least two weeks prior to the monthly board meeting.

ARDMORE HIGH SCHOOL

School \_\_\_\_\_

Date Submitted \_\_\_\_\_

Grade, class or person \_\_\_\_\_

Date of Trip \_\_\_\_\_

Destination \_\_\_\_\_

Purpose \_\_\_\_\_

Teacher's Signature \_\_\_\_\_

Principal's Signature \_\_\_\_\_

**THIS BOX TO BE COMPLETED BY SUPERINTENDENT ONLY!!!!!!**

TRIP: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

IF PROFESSIONAL LEAVE: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

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Superintendent's Signature \_\_\_\_\_

**REQUEST FOR SPECIAL USE OF SCHOOL BUS**

School \_\_\_\_\_

Date Submitted \_\_\_\_\_

Date of Use \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Bus # (s) \_\_\_\_\_

Bus Driver (s) \_\_\_\_\_

Superintendents Signature \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Destination \_\_\_\_\_

Pupil-passenger group \_\_\_\_\_

Person (s) in charge \_\_\_\_\_

Approximate miles round trip \_\_\_\_\_ Time of Departure \_\_\_\_\_

Approximate time at Destination \_\_\_\_\_ Time return \_\_\_\_\_

*NOTE: Must be at least one person in charge of each bus. Any damages incurred to the vehicle will be the responsibility of the school.*

**FOR OFFICE USE ONLY**

DATE/RECEIVED BY \_\_\_\_\_

DATE/RETURNED BY \_\_\_\_\_

VI/Trip Request Form Revised 02/06