

Individuals Attending

Number of students: _____ Faculty sponsors: _____
Other chaperones: _____ Total # of participants: _____

Supervision (list names of adults accompanying students on trip) _____

Signature of Faculty Sponsor _____ Date _____

For Office Use Only

Trip Has Been: Approved Denied
If denied, reason: _____

Signature of Principal/Designee _____ Date _____

Signature of Superintendent/Designee _____ Date _____

For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required.

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 11/20/2000

Clinton School District #124, Clinton, Missouri