STUDENT FIELD TRIPS AND EXCURSIONS

(School-Related Student Trip Request Form)

	ber(s) Sponsori		STATE OF THE PERSON	A STATE OF THE PARTY	Shackelford
		Type of	f Trip (check o	one)	
Classroon					
☐ Class (i.e.	Junior, Senior	Trip) specify:		C	
	ion/club Trip, sp			Convent	<u> </u>
	nletic, Band, If a te In Town			aht	
	Give Name, Ad				
ii Overnight	Give Name, Au	diess and Filor	ie of Loughig.		
			Destination	16 18 1	
Destinations	1/1-1		51, Lows,	n Phlide	y Tan South Count
	921 S Lie			מים וויונים	Phone: (314) 892-3
	ip: 3/7/19-			ime: 8:00 am	Return Time: 4pm
	cational Value:				100
t di poso: Edd	and a residence of	estar Homoro Visua	E PRODUCTION		
		Fu	nding/Billing		
	*			e of an inability	v to pay.)
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Basic Supervision (list names of adults accompanying students on trip) Vesonica Signature of Faculty Sponsor For Office Use Only Trip Has Been: Approved Denied If denied, reason: Signature of Principal/Designee Signature of Superintendent/Designee Date For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required. ***** Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area. Implemented: Revised:

Raytown C-2 School District, Raytown, Missouri

FILE: IICA-AF2

