## USD 336 Transportation Request

Date of Event:	Name of Event:				
Address of Event:	Town of Event:				
Departure Time:	Return Time:				
# of Students & Staff:	Vehicle Request:				
Sponsor(s):	Group/Grade:				
Bus Info: HES: West Parent Zone HMS: Front bus loading zone HHS: East side by gym	Main Parking Lot West Gym side Back of building HS Circle Drive				
Purpose of event: (Educational, Organizational, Competition)					
Is this a required educational event? YES	S NO				
If not, who is responsible for the cost of this even	event?				
J	FEES: Waived Charged				
Teacher Signature / Date	Building Administration / Date				
CO	COST OF TRIP				
Mileage:	Driver:				
Substitute Teacher					
Total Amount Payable to USD 336:					

## USD #336 STUDENT TRIP REQUEST FORM – Board Approval Form

This form (attach any supplemental information) is to be completed for all trips and proper approval before being any confirmation of the trip activities. If the trip is for the next year, sponsors are required to submit these requests by May 15 for the next year. This allows June BOE approval and inclusion on the district calendar distributed in July.

School/District sponsored student trips that meet any of the following criteria require prior BOE approval.

- 1. Trips in excess of 90 miles one-way
- 2. Trips requiring an overnight stay

3. Trips that are related to com	nunity service		
Check all applicable:	over 90 miles,	Overnight	, Community Service
KSHSAA "competitions" are gran KSHSAA "competitions" do not in Student Council/Clubs/Athletes	clude any FFA/FCCLA/FBLA co	ompetitions/activit	BOE informed at BOE meetings. ies, Band Trips, Music festivals or
Requester: Description of Trip Activity:	Bldg:	Date of Eve Begin time: End time:_ Number of	nt: Students: Sponsors:
Destination/Location of trip: District Curriculum Indicators:		Number a	and Times Substitutes needed:
Funding Club/Organization: Attach separate "USD 336 Transportation request if transportation request if transportation request if transportations/Fees: \$ Feesistrations/Fees: \$ Feesistrations/Fees: \$ Meals: Number Mileage: Round Trip Miles Lodging: Other: Itemize	rtation Request" form! ip denied. ee X # Participants	District	Enter \$ amounts being paid by: Building Club Individual  ———————————————————————————————————
SUB-TOTAL ESTIMATED EXI			
	TRIP TO	ΓAL:	
Principal	_Date: C	omments:	
Recommend: Approve / Deny			Approved or Denied
District Office	Date		BOE Meeting Date
	Return Copies to – 1	<sup>st</sup> Requester - Princip	pal