

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL Hopkinsville High

FACULTY MEMBER(S) SPONSORING TRIP: \_\_\_\_\_

TYPE OF TRIP (CHECK ALL THAT APPLY):

☐ Over 300 miles    ☒ Under 300 miles    ☒ Co curricular    ☐ Extracurricular  
☐ Classroom Field Trip    ☒ Organization/Club Trip    ☐ Other (athletic, band, if applicable)

DESTINATION Louisville, KY ADDRESS Galt House PHONE-DESTINATION \_\_\_\_\_

☐ Out of State    ☒ Out of County    ☐ Within County    ☒ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP March 18<sup>th</sup> - 21<sup>st</sup> DEPARTURE TIME Van - 9 am RETURN TIME March 21<sup>st</sup> Friday 4/5pm  
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE Compete in S.T.A.R. events at State level (FCCLA)

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP Board of Ed / State Competition (STAR events)

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHER \_\_\_\_\_NUMBER OF: STUDENTS 8 MALE STUDENTS 2 FEMALE STUDENTS 6MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY Need 1 van + 1 bus☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) newer

Certified chaperones \_\_\_\_\_

Classified chaperones \_\_\_\_\_

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?

☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding acceptable behavior?

☒ Yes ☐ NoHow have they been notified? Student handbook CCBOE Code of Conduct

Kelly Myers 2/21/14  
 Signature of Faculty Sponsor Date

Bob Hogg 2/25/14  
 Signature of Principal Date

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

Magnum Semmill  
 Signature of Superintendent/Designee

2/26/14  
 Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

NOTE: SIGNATURES, DATES &amp; ADA MUST BE HANDWRITTEN AFTER FORM IS PRINTED

LOST ADA (Extracurricular only): \_\_\_\_\_ X \_\_\_\_\_ X \$21 = \_\_\_\_\_ (number of students multiplied by the number of school days missed multiplied by the ADA)

RELATED PROCEDURES: 09.36 AP.211, 09.36 AP.212, 09.36 AP.22, 09.36 AP.23

Review/Revised: 7/18/2002