

School-Related Student Trip Request Form

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

SCHOOL *

FACULTY MEMBER(S) SPONSORING TRIP Tracy Pelletier

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 LexingtonADDRESS Rupp Arena/Spring Hill Suites PHONE-DESTINATION 859-225-1500

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

DATE(S) OF TRIP 4/21/2014 – 4/22/2014DEPARTURE TIME 3:30 PMRETURN TIME 9:00 PM

START

END

(SELECT AM OR PM FROM DROPDOWN)

(SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE STLP Competition

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

ISTE StandardsSOURCE OF FUNDING FOR TRIP 0001052 0894 DFT1

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 _____ MALE STUDENTS _____ FEMALE STUDENTS _____

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____Certified chaperones XClassified chaperones X

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? Local School_____
*Signature of Faculty Sponsor*_____
*Date*_____
*Signature of Principal*_____
*Date*Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____*Tracy Pelletier*
*Signature of Superintendent/Designee*3-10-14*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 & 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