

**School-Related Student Trip Request Form**

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

SCHOOL \*

FACULTY MEMBER(S) SPONSORING TRIP Kelly Bates**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 Lexington, KY ADDRESS 1950 Newtown Pike PHONE-DESTINATION 859-233-0512

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

 DATE(S) OF TRIP 5/6 - 5/6/14 DEPARTURE TIME 7:00 AM RETURN TIME 8:00 PM  
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)
PURPOSE/EDUCATIONAL VALUE JOBS For Kentucky's Graduates Career Development ConferenceWHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) PL-H-4.4.3
 SOURCE OF FUNDING FOR TRIP JKG GRANT Team skills in workplace, advantages & disadvantages to jobs & careers  
resume writing, interviewing

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 3 MALE STUDENTS 2 FEMALE STUDENTS 1MODE 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 1Classified 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? Verbal & in writing via Code of AcceptableBehavior
Kelly Bates 3-6-14 M. Anne Smith 03-12-2014  
 Signature of Faculty Sponsor Date Signature of Principal Date
Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_Mary Ann Hammill

Signature of Superintendent/Designee

3-12-14

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