School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP. SCHOOL Christian Co. High FACULTY MEMBER(S) SPONSORING TRIP Marvin Harness /Sandra Hancock 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 The Galt House Hotel and PHONE-DESTINATION 606-872-0255 Conv. Center Overnight: give name, address, phone of lodging (ATTACHED) Out of State Out of County Within County DATE(S) OF TRIP 4/14/2014 - 4/16/2014 **DEPARTURE TIME 8:00 AM RETURN TIME 8:00 PM** START (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN) PURPOSE/EDUCATIONAL VALUE To allow FBLA members the opportunity to attend the State FBLA Leadership Event and Competition WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) EA-007-EB-002 SOURCE OF FUNDING FOR TRIP Students-Fundraising 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 40 MALE STUDENTS 20 **FEMALE STUDENTS 20** 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 2 Classified chaperones 2 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? How have they been notified? All students and parents will sign an acceptable behavior summary Signature of Faculty Sponsor Date Signature of Principal Date Trip has been X approved ___disapproved. Reason for disapproval _ Signature of Superintendent/Designee 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

Address for FBLA State Leadership Event

The Galt House Hotel and Convention Center

140 North 4th Street

Louisville, Ky. 40202

800-THE-GALT

800-843-4258

(502) 589-5200