

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Amy Gastright

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____☒ Organization/Club Trip, specify GT program ☐ Other (athletic, band, if applicable) _____DESTINATION NKU ADDRESS Lonie B Nunn Dr. PHONE 859-572-5220☐ Out of State ☐ Out of County ☒ Within County☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP Friday, November 15 DEPARTURE TIME 9:00 am RETURN TIME 2:00 pmPURPOSE/EDUCATIONAL VALUE Leadership students will have an opportunity to enhance their skill by group sessions & hearing a keynote speaker

SOURCE OF FUNDING FOR TRIP _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY Gifted & Talented Account (\$25.00 total)NUMBER OF: STUDENTS 5 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 6

MODE OF TRANSPORTATION

☒ CERTIFICATED COMMON CARRIER; SPECIFY Bellevue Independent School☐ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☐ Yes ☐ No N/AAmy M. Gastright
Signature of Faculty SponsorOct 7, 2013
Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	

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

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23

Review/Revised:7/11/13