

# School-Related Student Trip Request Form

Submit this form one (1) week prior to the trip.

School Marion County High Faculty Member(s) Patrick Campbell Sponsoring Trip

**Type of Trip (Check One):**

- ☐ Classroom Field Trip ☐ Classroom Trip (i.e. Junior, Senior), Specify \_\_\_\_\_
- ☐ Organization/Club Trip, Specify \_\_\_\_\_ ☒ Other (athletic, band, if applicable) Baseball

Desitination Allen County Scottsville High School Address Scottsville, Ky Phone 270-618-3181

- ☐ Out of State ☒ Out of County ☐ Within County
- ☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

Date(s) of Trip April 4, 2015 Departure Time 9:00 am Return Time 7:00

**Purpose/Educational Value:**

Varsity Baseball double header

Source of Funding for Trip Baseball Account

*No Student Shall Be Denied The Trip Because of Inability to Pay.*

Bill Trip Expenses To: ☒ Sponsoring Organization ☐ School Council ☐ Board ☐ Other, Specify \_\_\_\_\_

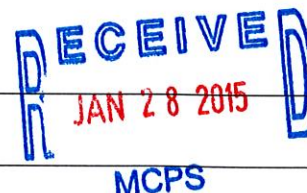
Number of: Students 25 Faculty Sponsors 2 Other Chaperones 1 Total # of Participants 28

**Mode of Transportation**

Is District Transportation Needed? ☐ NO ☒ YES, See Procedure 09.36 AP.212.

☒ Certified Common Carrier, Specify School Bus

☐ Private Vehicle, If 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

[Signature]  
Signature of Faculty Sponsor

1-13-15  
Date

Trip has been: ☒ Approved ☐ Disapproved Reason for Disapproval \_\_\_\_\_

[Signature]  
Signature of Principal

1/13/15  
Date

[Signature]  
Signature of Superintendent/Designee

3/2/15  
Date

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

**Related Procedures:**

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

**Review/Revised: 7/10/01**