

**School-Related Student Trip Request Form**

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

SCHOOL MCHS FACULTY MEMBER(S) SPONSORING TRIP Daniel Mattingly

## TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☒ Organization/Club Trip, specify FFA ☐ Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION Murray State University ADDRESS 162 Curris Center PHONE 270-809-3011☐ Out of State ☒ Out of County ☐ Within County Murray, KY 42071☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP 4-3-15 DEPARTURE TIME 6 AM RETURN TIME 8 PM

## PURPOSE/EDUCATIONAL

VALUE: to prepare FFA state officer candidateSOURCE OF FUNDING FOR TRIP FFA

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY \_\_\_\_\_NUMBER OF: STUDENTS 1 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_ TOTAL # OF PARTICIPANTS 2

## 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) \_\_\_\_\_

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

D. Mattingly  
 Signature of Faculty Sponsor

3-11-15  
 Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

M. Q. & albert  
 Signature of Principal

3-11-15  
 Date

[Signature]  
 Signature of Superintendent/Designee

3-16-15  
 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

RECEIVED  
 MAR 12 2015

Review/Revised: 7/10/01