

School-Related Student Trip Request Form

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

School Lebanon Middle Faculty Member(s) Sponsoring Trip Joni Farmer

Type of Trip (Check One):

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

Destination Bowling Green Kentucky Address WKU Phone _____

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

Date(s) of Trip April 18, 2015 Departure Time 9:00 Return Time 5:00

Purpose/Educational Value:

Band Performance Assessment

Source of Funding for Trip Transportation Fund/Activity Fund

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 80 Faculty Sponsors 1 Other Chaperones 1 Total # of Participants 82

Mode of Transportation

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

☐ Certified Common Carrier, Specify _____

☐ Private Vehicle, If Allowed by Policy; Specify Driver(s) _____

Supervision (Attach List of Names of Adults Accompanying Students on Trip)

MCPS

HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? ☒ YES ☐ NO

Joni Farmer

Signature of Faculty Sponsor

3-23-15

Date

Trip has been: ☒ Approved ☐ Disapproved Reason for Disapproval _____

Christina M. B.

Signature of Principal

3-27-15

Date

J. S. Moore

Signature of Superintendent/Designee

4-2-15

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

School-Related Student Trip Request Form

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

School St. Charles Middle Faculty Member(s) Sponsoring Trip Joni Farmer

Type of Trip (Check One):

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

Destination Bowling Green Kentucky Address WKU Phone _____

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

Date(s) of Trip April 18, 2015 Departure Time 9:00 Return Time 5:00

Purpose/Educational Value:

Band Performance Assessment

Source of Funding for Trip Transportation Fund/Activity Fund

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 80 Faculty Sponsors 1 Other Chaperones 1 Total # of Participants 82

Mode of Transportation

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

☐ Certified 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 ☒ YES
BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? ☐ NO

Joni Farmer
Signature of Faculty Sponsor

3-23-15
Date

Trip has been: ☒ Approved ☐ Disapproved Reason for Disapproval _____

Christine McKay
Signature of Principal

3-26-15
3/23/15
Date

School
Signature of Superintendent/Designee

4-2-15
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

School-Related Student Trip Request Form

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

School Marion County High Faculty Member(s) Sponsoring Trip Tara Tatum

Type of Trip (Check One):

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

Destination Galt House Address 140 N. Fourth Street, Louisville, KY 40202 Phone 502-589-5200

- ☐ Out of State ☒ Out of County ☐ Within County
- ☒ Overnight; give name, address, phone of lodging See destination above

Date(s) of Trip April 20-22, 2015 Departure Time 3:30 p.m. Return Time Before noon

Purpose/Educational Value:

State Competition

Source of Funding for Trip FBLA

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 3 Faculty Sponsors 1 Other Chaperones _____ Total # of Participants 4

Mode of Transportation

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

☐ Certified Common Carrier, Specify _____

☐ Private Vehicle, If Allowed by Policy; Specify Driver(s) _____

Supervision (Attach List of Names of Adults Accompanying Students on Trip)

MCPS

HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND ☒ YES
BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? ☐ NO

Tara Tatum

Signature of Faculty Sponsor

Date

Trip has been: ☐ Approved ☐ Disapproved Reason for Disapproval _____

N. Q. Saleel

Signature of Principal

3-18-15

Date

Belmont

Signature of Superintendent/Designee

3/24/15

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

School-Related Student Trip Request Form

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

SCHOOL MCIS FACULTY MEMBER(S) SPONSORING TRIP 256 Chatigny

TYPE OF TRIP (CHECK ONE):

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

DESTINATION BGAD ADDRESS Richmond, KY PHONE _____

- ☐ Out of State ☒ Out of County ☐ Within County

☒ Overnight: give name, address, phone of lodging Students will be in Army Bunkers
at Blue Grass Army Depot.

DATE(S) OF TRIP 23-27 May 15 DEPARTURE TIME 8:00 am RETURN TIME 12:00pm

PURPOSE/EDUCATIONAL

VALUE: Leadership Camp for JNOTC

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 _____NUMBER OF: STUDENTS 10 FACULTY SPONSORS 2 OTHER CHAPERONES _____ TOTAL # OF PARTICIPANTS 12

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

Signature of Faculty Sponsor

2/25/15
DateTrip has been ☐ approved ☐ disapproved. Reason for disapproval _____

Signature of Principal

2-26-15
Date

Signature of Superintendent/Designee

3-5-15
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
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MCPS

Review/Revised:7/10/01

School-Related Student Trip Request Form

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

School St. Charles Middle Faculty Member(s) Sponsoring Trip 8th grade team

Type of Trip (Check One):

- ☐ Classroom Field Trip ☒ Classroom Trip (i.e. Junior, Senior), Specify Grade 8
- ☐ Organization/Club Trip, Specify _____ ☐ Other (athletic, band, if applicable) _____

Destination Kentucky Kingdom Address Louisville, KY Phone 502-813-8236

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

Date(s) of Trip Tuesday, May 26, 2015 Departure Time 8:30 Return Time 5:30

Purpose/Educational Value:

Grade level field trip

Source of Funding for Trip Fundraiser, PTO, parents/students

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 101 Faculty Sponsors 6 Other Chaperones _____ Total # of Participants 107

Mode of Transportation

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

☒ Certified Common Carrier, Specify Miller Transportation

☐ 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

G. King, E. McFar, J. Mattingly, J. Simpson, C. Thompson, J. Buffum

A. King, E. McFar, J. Mattingly, J. Simpson, C. Thompson, J. Buffum 3-30-15
Signature of Faculty Sponsor Date

Trip has been:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Reason for Disapproval	<u>SBDM 4-3-15</u>
Signature of Principal		Date	
<u>Buffum</u>		<u>4-3-15</u>	
Signature of Superintendent/Designee		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

