

	Submit th	is form one (1) week p	prior to the trip.			
School Lebanon Mide	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 Tri	Organization/Club Trip, Specify Other (athletic, band, if applicable					
Desitination Bowling Gree	n Kentucky	Address WKU	Phone			
Out of State Overnight; give name,	Out of County address, phone of lodgi	Within County				
Date(s) of Trip April 18, 20	15	Departure Time 9:00	Return Time 5:00			
Purpose/Educational Va	ilue:					
	Band Performan	ce Assessement				
Source of Funding for Trip	Transportation Fund/	Activity Fund				
	No Student Shall Be	Denied The Trip Because	e of Inability to Pay.			
Bill Trip Expenses To:	X Sponsoring Organiz	ation School Council	1 X Board Other, Specify			
Number of: Students 80	Faculty Spons	sors 1 Other Chape	erones 1 Total # of Participants 82			
Mode of Transportation						
Is District Tran	sportation Needed?	NO X YES, See Proc	ocedure 09.36 AP.212.			
Certified Cor	nmon Carrier, Specify		AECEIVED			
Private Vehic	cle, If Allowed by Policy	y; Specify Driver(s)	APR - 1 2015			
Supervision (Attach Lis	t of Names of Adults	Accompanying Students	s on Trip) MCPS			
			RECORDS CHECK AND YES JPERVISE STUDENTS?			
I mi	farrer		3-23-15			
Sign	ature of Faculty Spor	nsor	Date			
Trip has been: Approv	ved Disapproved	Reason for Disapproval				
1 Sal	DUR Signature of Principal Cook e of Superintendent/1	Adda.	3-2-7-15 Date 4-2-15 Date			
	413115		d/or Board may be required by policy 09.36.			

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				
Desitination Bowling Green Kentucky Ad	ddress WKU Phone				
Out of State Out of County Overnight; give name, address, phone of lodging	Within County				
Date(s) of Trip April 18, 2015	Departure Time 9:00 Return Time 5:00				
Purpose/Educational Value:					
Band Performance	Assessement				
Source of Funding for Trip Transportation Fund/Act					
	enied The Trip Because of Inability to Pay.				
Bill Trip Expenses To: Sponsoring Organizati					
Number of: Students 80 Faculty Sponsor Mode of Transportation	Total # of Participants 82				
	NO X 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 A	ccompanying Students on Trip) APR - 1 2015				
HAVE ALL CHAPERONES UNDERGONE BEEN DESIGNATED BY THE PRINCIPAL	E THE REQUIRED RECORDS CHECK AND YES L/DESIGNEE TO SUPERVISE STUDENTS?				
Signature of Faculty Sponso	3-23-15 Date				
Trip has been: Approved Disapproved Re	eason for Disapproval 3-2615 3/23/15 Date				
Signature of Superintendent/De. For overnight and/or out-of-state trips, approval of	signee J. J. Date of the Superintendent and/or Board may be required by policy 09.36.				

Submit this form one (1) week prior to the trip.				
School	Marion County High Faculty Member(s) Sponsoring Trip Tara Tatum			
Type of T	Trip (Check One):.			
Class	sroom Field Trip Classroom Trip (i.e. Junior, Senior), Specify			
✓ Orga	anization/Club Trip, Specify FBLA Other (athletic, band, if applicable			
X Orga				
Desitinati	ion Galt House Address 140 N. Fourth Street, Louisville, KY 40202 Phone 502-589-5200			
Out	of State			
× Over	ernight; 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	e/Educational Value:			
	State Competition			
Source of	f Funding for Trip FBLA			
	No Student Shall Be Denied The Trip Because of Inability to Pay.			
Bill Trip	p Expenses To: Sponsoring Organization School Council Board Other, Specify			
	r of: Students 3 Faculty Sponsors 1 Other Chaperones Total # of Participants 4			
Mode of	f Transportation Is District Transportation Needed? NO X YES, See Procedure 09.36 AP.212.			
	Columbia columbia de Columbia			
	Private Vehicle, If Allowed by Policy; Specify Driver(s)			
Supervi	ision (Attach List of Names of Adults Accompanying Students on Trip) MCPS			
HAVE	ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND XYES			
BEEN	DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS?			
/				
	Signature of Faculty Sponsor Date			
Tuin has	Signature of Faculty Sponsor			
	s been: Disapproval Reason for Disapproval			
1 rip nas	s been: Approved Disapproved Reason for Disapproval			
rip nas	1006 aluel 3-18-15			
N N	Signature of Principal Date			
N nas	Signature of Principal Date			
1	1006 aluel 3-18-15			

Related Procedures:

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

Review/Revised: 7/10/01

Submit this form one (1) week prior to the trip.
SCHOOL MCIf S FACULTY MEMBER(S) SPONSORING TRIP 196 Chatigary
Type of Trip (check one):
□ Classroom Field Trip □ Class Trip (i.e., junior, senior), specify □ Other (athletic, band, if applicable) □ Other (athletic
Out of State Out of County Within County Overnight; give name, address, phone of lodging 57 deuts will be in Army Bawaks at 1910e 60955 Army 1900. DATE(S) OF TRIP 23-27 may 15 DEPARTURE TIME 8:00 am RETURN TIME 12:00p.
Purpose/Educational Value: Lead eviship Camp for TNOTC
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 DOORD OTHER, SPECIFY
Number of: students /O faculty sponsors 2 other chaperones Total # of Participants /2
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? IN 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 Z/25/15 Date
Trip has been □ approved □ disapproved. Reason for disapproval
Signature of Principal A - 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 MAR 0 2 2015 Review/Revised:7/10/01
MCPS

	Sub	mit this form one (1) week prior to the	ne trip.
School	St. Charles Middle	Faculty Member(s) Sponsoring Tri	p 8th grade team
Type of Tr	ip (Check One):.		
Classr	oom Field Trip X Classroom	m Trip (i.e. Junior, Senior), Specify Grade 8	
Organ	nization/Club Trip, Specify	Other (atl	nletic, band, if applicable
Desitinatio	n Kentucky Kingdom	Address Louisville, KY	Phone 502-813-8236
	f State		
Date(s) of	Г гір Tuesday, May 26, 2015	Departure Time 8:30	Return Time 5:30
Purpose/F	Educational Value: Grade le	vel field trip	
		Shall Be Denied The Trip Because of Inabilit	y to Pay.
	Expenses To: Sponsoring	Organization School Council Board	d Other, Specify
	of: Students 101 Facult	ty Sponsors 6 Other Chaperones	Total # of Participants 107
		eeded? NO YES, See Procedure 09.30	6 AP 212.
Ç	Certified Common Carrier, S		200
	Private Vehicle, If Allowed b		DECELVA
Supervision	on (Attach List of Names of	Adults Accompanying Students on Trip)	DECEIVE APR 0 6 2015
BEEN DI	ESIGNATED BY THE PR E. McFay, J. Mattingly McJay Onwood Signature of Facu	ERGONE THE REQUIRED RECORDS RINCIPAL/DESIGNEE TO SUPERVISH (y, J. 5) impson, C. Thompson Lift Sponsor Proved Reason for Disapproval SBDM	SCHECK AND YES MCPS E STUDENTS? NO 3-30-15 Date
	Suff M Signature of P.	rincipal	4-3-15 Date
For overni	Signature of Superinte ght and/or out-of-state trips, a	endent/Designee approval of the Superintendent and/or Board	may be required by policy 09.36.
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Review/Revised: 7/10/01