

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP K-2

TYPE OF TRIP (CHECK ONE):

☒ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____DESTINATION SOUTHGATE FIRE STATION ADDRESS SOUTHGATE, KY PHONE _____☐ Out of State ☐ Out of County ☒ Within County☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP MAY 22 DEPARTURE TIME _____ RETURN TIME _____
VARIOUS - will get a schedule from firehouse

PURPOSE/EDUCATIONAL VALUE: THE SOUTHGATE FIRE HOUSE HAS INVITED US TO COME AS PART OF THEIR COMMUNITY OUTREACH PROGRAM. THIS TRIP WILL MEET OUR STANDARDS REGARDING COMMUNITY HELPERS AND PROVIDE ADDITIONAL ACTIVITIES FOR OUR PROGRAM REVIEW. WE WILL BE GIVEN A TIME SLOT FOR THE EACH CLASS TO GO AT A DIFFERENT TIME THROUGHOUT THE DAY, USUALLY NO MORE THAN AN HOUR FOR EACH SESSION.

SOURCE OF FUNDING FOR TRIP FREE*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 69 FACULTY SPONSORS 4 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ 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 ☐ NoRebecca Rossato
Signature of Faculty Sponsor4/24
DateTrip has been ☐ approved ☐ 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.

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP

Elizabeth Kirby + Marlene Jones

TYPE OF TRIP (CHECK ONE):

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

DESTINATION	ADDRESS	PHONE
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☐ Out of State ☐ Out of County ☒ Within County

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Monday May 26 DEPARTURE TIME 1:30 RETURN TIME 3:00

PURPOSE/EDUCATIONAL VALUE Good faculty & presentation

SOURCE OF FUNDING FOR TRIP drop out prevention grant

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER,
SPECIFY drop out prevention grant

NUMBER OF: STUDENTS 18 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 20

MODE OF TRANSPORTATION

☒ CERTIFICATED COMMON CARRIER; SPECIFY Bellevue School bus

☐ **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

Maile Jones
Signature of Faculty Sponsor

4-23-15

Date

Trip has been ☐ approved ☐ 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

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FACULTY MEMBER(S) SPONSORING TRIP Elizabeth Kirby + Madlene Jones

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 8th grade
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION Bellvue High ADDRESS Bellvue, Ky PHONE 261-2980
☐ Out of State ☐ Out of County ☒ Within County

☐ Overnight; give name, address, phone of lodging _____
DATE(S) OF TRIP Fri, May 19 DEPARTURE TIME 1:30 RETURN TIME 3:00PURPOSE/EDUCATIONAL VALUE Tour high schoolSOURCE OF FUNDING FOR TRIP Drop Out Prevention Grant**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY Drop Out Prevention GrantNUMBER OF: STUDENTS 18 FACULTY SPONSORS 2 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 20

MODE OF TRANSPORTATION

☒ CERTIFICATED COMMON CARRIER; SPECIFY Bellvue School bus☐ 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 ☐ NoMadlene Jones
Signature of Faculty Sponsor4-23-15
DateTrip has been ☐ approved ☐ 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

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FACULTY MEMBER(S) SPONSORING TRIP Elizabeth Kirby + Marlene Jones

TYPE OF TRIP (CHECK ONE):

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

DESTINATION NKU ADDRESS Student Union PHONE 572-5600

- ☐ Out of State ☐ Out of County ☒ Within County Bld. Highland Hts. Ky
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Tues May 19 DEPARTURE TIME 2:45 RETURN TIME 5:45PURPOSE/EDUCATIONAL VALUE College + Career ReadinessTour School, presentation + planetariumSOURCE OF FUNDING FOR TRIP Drop out Prevention Grant**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY Drop out Prevention GrantNUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 27

MODE OF TRANSPORTATION

- ☒ CERTIFICATED COMMON CARRIER; SPECIFY Belleview School bus
☐ 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 ☐ NoMarlene Jones
Signature of Faculty Sponsor4-23-15
DateTrip has been ☐ approved ☐ disapproved. Reason for disapproval _____

_____ Signature of Board Chairperson	_____ Date
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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

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FACULTY MEMBER(S) SPONSORING TRIP

Elizabeth Kisby + Marlene Jones

TYPE OF TRIP (CHECK ONE):

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

DESTINATION

Centi State College

ADDRESS

Central Parkway

PHONE

(513)☒ Out of State ☐ Out of County ☐ Within CountyCenti569-4795☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP

Wed May 20

DEPARTURE TIME

2:45

RETURN TIME

5:45

PURPOSE/EDUCATIONAL VALUE

Tour Campus + Presentation

SOURCE OF FUNDING FOR TRIP

Dropout Prevention grant

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY dropout prevention grant

NUMBER OF: STUDENTS

25

FACULTY SPONSORS

2

OTHER CHAPERONES

TOTAL # OF PARTICIPANTS

27

MODE OF TRANSPORTATION

☒ CERTIFICATED COMMON CARRIER; SPECIFYBelleview School bus☐ 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 ☐ NoMarlene Jones

Signature of Faculty Sponsor

4-23-15

Date

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Signature of Board Chairperson

Date

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FACULTY MEMBER(S) SPONSORING TRIP

Elizabeth Kirby + Marlene Jones

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____☒ Organization/Club Trip, specify Steps to Success ☐ Other (athletic, band, if applicable) _____DESTINATION Campbell Co. High + ADDRESS Alex. KyPHONE 635-4161☐ Out of State ☐ Out of County ☒ Within County Tech school☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP Thurs May 21 DEPARTURE TIME 7:30RETURN TIME 10:30PURPOSE/EDUCATIONAL VALUE Tour facility + Presentation

SOURCE OF FUNDING FOR TRIP

Dropout Prevention Grant**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY dropout prevention grantNUMBER OF: STUDENTS 18FACULTY SPONSORS 2

OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 20

MODE OF TRANSPORTATION

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

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

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Signature of Faculty Sponsor4-23-15
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