

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE NEXT REGULAR BOARD MEETING.

SCHOOL PHS FACULTY MEMBER(S) SPONSORING TRIP Bessaglio

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Paintsville 1-4 ADDRESS Canada Inn PHONE _____☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging Canada InnDATE(S) OF TRIP May 5-7, 2016 DEPARTURE TIME 8:15 am RETURN TIME 4:00 PMPURPOSE/EDUCATIONAL VALUE Junior High All District Band
Senior High Jazz BandSOURCE OF FUNDING FOR TRIP Band Account**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 20 FACULTY SPONSORS 1 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 21

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]
Signature of Faculty Sponsor19 Jan 2016
DateTrip has been ☐ approved ☐ disapproved. Reason for disapproval _____[Signature]

Signature of Superintendent/Designee

1-19-16

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:8/20/01