

School-Related Student Trip Request Form

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

SCHOOL Pikeville H.S. FACULTY MEMBER(S) SPONSORING TRIP Tom Asbury

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____☒ Organization/Club Trip, specify State Tournament ☐ Other (athletic, band, if applicable) _____DESTINATION Galt House ADDRESS Louisville, Ky PHONE 800-916-4339☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging Galt House 140 N 4th St
Louisville, KyDATE(S) OF TRIP 3/19/16 = 3/21/16 DEPARTURE TIME 8am RETURN TIME 8pmPURPOSE/EDUCATIONAL VALUE Governor's Cup Academic State TournamentSOURCE OF FUNDING FOR TRIP Board

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 50 FACULTY SPONSORS Tom Asbury, Ester Bishop, Ashley, Tracy, Tackett OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS _____

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 ☐ NoTom Asbury
Signature of Faculty Sponsor2-10-16
DateTrip has been ☐ approved ☐ disapproved. Reason for disapproval _____Doon

Signature of Superintendent/Designee

2-10-16

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