

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP _____ **HERALD AND HAMBERG****TYPE OF TRIP (CHECK ONE):**X ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____DESTINATION SOUTHGATE COMMUNITY CENTER ADDRESS 301 W WALNUT SOUTHGATE KY
PHONE 781-8878☐ Out of State ☐ Out of County X ☐ Within County☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 04/22/2016 DEPARTURE TIME 1:30 RETURN TIME 2:50PURPOSE/EDUCATIONAL VALUE STUDENTS IN GRADES 4 AND 5 WILL PARTICIPATE IN ARBOR DAY ACTIVITIES. THEY WILL LEARN ABOUT TREE CARE AND HISTORYSOURCE OF FUNDING FOR TRIP _____ **NO CHARGE***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 36 FACULTY SPONSORS 2 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 38**MODE OF TRANSPORTATION**☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S) _____ STUDENTS WILL WALK

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? X ☐ Yes ☐ No

Eddie Franke

Signature of Faculty Sponsor

04/12/16

*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