## School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE NEXT REGULAR BOARD MEETING .	
SCHOOL Pikeuille Elementary FACULTY MEMBER(S) TYPE OF TRIP (CHECK ONE):	SPONSORING TRIP Jones, Stone, Keese
Classroom Field Trip Class Trip (i.e., junior, senior), spec	ify Hish Achievers
☐ Organization/Club Trip , specify	Other (athletic, band, if applicable)
Organization/Club Trip, specify Other (athletic, band, if applicable)  Destination Dollywood, Tax Address Pigeonfage, Two. Phone 865-428-448	
Out of State Out of County Within County Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP Monday, 5/16/15 DEPARTURE TIME	G:WAN RETURN TIME 101 WPM
PURPOSE/EDUCATIONAL VALUE 2016 Pikeville Ekmentam School Styd	
6th grade Hish achieve	<u>s</u>
SOURCE OF FUNDING FOR TRIP PTO	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
BILL TRIP EXPENSES TO: $\Box$ SPONSORING ORGANIZATION $\Box$ SPECIFY PET PTO	SCHOOL COUNCIL D BOARD OTHER,
Number of: students 20 FACULTY SPONSORS 70TAL # OF PARTICIPANTS 23	OTHER CHAPERONES
MODE OF TRANSPORTATION	•
is district transportation needed? $\square$ no $\square$ 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 ACCOMPAN	YYING STUDENTS ON TRIP.)
Have all chaperones undergone the required records principal/designee to supervise students? Yes \(\sigma\) No	check and been designated by the
Rolettona	4/14/16 Date
Synature of Faculty Sponsor	Date
Trip has been □ approved □ disapproved. Reason for disapproval	
Signature of Superintendent/Designee	Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Bo	ard 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