School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE NEXT REGU	LAR BOARD MEETING.
SCHOOL Pikuik Elementary FACULTY MEMBER(S) SPONS TYPE OF TRIP (CHECK ONE):	SORING TRIP JONS, STONE, KEEN
☐ Classroom Field Trip A Class Trip (i.e., junior, senior), specify ☐ Organization/Club Trip, specify ☐ Other	(athletic, band, if applicable)
DESTINATION LOUISVILLE ZOO ADDRESS LOUISVILLE	K.K. PHONE 502-459-2181
☐ Out of State Out of County Within County ☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP Thusday, 5/19/16 DEPARTURE TIME 6:0	A RETURN TIME 10: 40 PM
Purpose/Educational Value 2016 Pikeville Elementer achieved	intary school 4thy
SOURCE OF FUNDING FOR TRIP PTO	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INAB	ILITY TO PAY.
BILL TRIP EXPENSES TO: \square SPONSORING ORGANIZATION \square SCHOOS SPECIFY P	ol council D board Aother,
Number of: students 13 faculty sponsors 2 o	OTHER CHAPERONES
MODE OF TRANSPORTATION	
is district transportation needed? 🗖 no 🗷 yes, see pro	OCEDURE 09.36 AP.212.
☐ CERTIFICATED COMMON CARRIER; SPECIFY	
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVE	ER(S)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING S	STUDENTS ON TRIP.)
Have all chaperones undergone the required records check principal/designee to supervise students? Yes D No	and been designated by the
Rolect Janes	4/17116
Signature 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 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