

09.36 AP.21

STUDENTS

School-Related Student Trip Request Form

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

SCHOOL Pikeville High School FACULTY MEMBER(S) SPONSORING TRIP Leah Harris

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify:

☐ Organization/Club Trip, specify:

☒ Other (athletic, band, if applicable) Volleyball

DESTINATION Lexington, KY (KBA) ADDRESS 273 Ruccio Way Lexington, KY 40503

PHONE (859) 219-4921

☐ Out of State ☐ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging Homewood Suites

DATE(S) OF TRIP July 29th - July 31st DEPARTURE TIME 8:00 AM RETURN TIME (859) 223-0880

PURPOSE/EDUCATIONAL VALUE Volleyball tournament

SOURCE OF FUNDING FOR TRIP Volleyball Boosters Club

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 12 FACULTY SPONSORS 3 OTHER CHAPERONES

1 TOTAL # OF PARTICIPANTS 16

LEAH HARRIS
TAYLOR WATKINS
ANDRI RAY

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

Leah Harris
Signature of Faculty Sponsor

7/18/16
Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

7-18-16
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.22, 09.36 AP.23

Review/Revised: 8/20/01