

School-Related Student Trip Request Form

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

SCHOOL PHS FACULTY MEMBER(S) SPONSORING TRIP Bersaglia

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☐ Organization/Club Trip, specify _____ ☒ Other (athletic, band, if applicable) _____

DESTINATION Zanade Inn ADDRESS Paintsville, KY PHONE 789-4242

- ☐ Out of State ☒ Out of County ☐ Within County
☒ Overnight; give name, address, phone of lodging Zanade Inn
624 James S. Trimble Blvd Paintsville, KY 41240

DATE(S) OF TRIP 4-6 May 2017 DEPARTURE TIME 8:30 am RETURN TIME 7:00 pmPURPOSE/EDUCATIONAL VALUE Jr High All-District Band, Sr High District Jazz Band and Sr High District Perc. Ens.SOURCE OF FUNDING FOR TRIP Band

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 25 FACULTY SPONSORS 1 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 26

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[Signature]
Signature of Faculty Sponsor9 Aug 2016
DateTrip has been ☐ approved ☐ disapproved. Reason for disapproval _____[Signature]
Signature of Superintendent/Designee8-9-16
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