

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 Ramada Inn ADDRESS Paintsville, KY PHONE 789-4242☐ Out of State ☒ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging Ramada Inn
624 James S. Trimble Blvd Paintsville, KY 41240

DATE(S) OF TRIP Jan 13-15, 2017 DEPARTURE TIME 8:30 AM RETURN TIME 7:00 PMPURPOSE/EDUCATIONAL VALUE Senior High Alt District Band
62SOURCE 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 10 FACULTY SPONSORS 1 OTHER CHAPERONES 0TOTAL # OF PARTICIPANTS 11

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 Sponsor

9 Aug 2016
 Date

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

[Signature]
 Signature of Superintendent/Designee

8-9-16
 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