

STUDENTS

09.36 AP.21

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 Barbara Kelley
 TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☐ Organization/Club Trip, specify _____ ☒ Other (athletic, band, if applicable) Chorus
 DESTINATION Louisville, KY Galt House ADDRESS _____ PHONE _____
☐ Out of State ☒ Out of County ☐ Within County
☒ Overnight; give name, address, phone of lodging Galt House 855-736-3527
140 N. 4th St. Louisville KY 40202
 DATE(S) OF TRIP 2/8/17 - 2/11/17 DEPARTURE TIME 7:00 a.m. RETURN TIME 5:00
on 2/8
 PURPOSE/EDUCATIONAL VALUE Students are participating
in all-state Chorus
 SOURCE OF FUNDING FOR TRIP Chorus

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 13 FACULTY SPONSORS 1 OTHER CHAPERONES 2
 TOTAL # OF PARTICIPANTS 15

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

Barbara R. Kelley
 Signature of Faculty Sponsor

11/29/16
 Date

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

Doer
 Signature of Superintendent/Designee

11-29-16
 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