School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP __MELISA HERALD_____

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip **X Class Trip** (i.e., junior, senior), specify 8th grade class trip

☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) ___

DESTINATION ___POTTER'S RANCH_ **ADDRESS: 5194 BEAVER RD, UNION, KY 41091**

☐ Out of State **X Out of County** ☐ Within County

☐ Overnight; give name, address, phone of lodging _____

_____

DATE(S) OF TRIP_____5/16/17_____ **DEPARTURE TIME** __8:00 AM__ **RETURN TIME** __3:30___

PURPOSE/EDUCATIONAL VALUE __PROBLEM SOLVING AND TEAM BUILINDING SKILLS

_____

SOURCE OF FUNDING FOR TRIP __8TH GRADE TRIP FUND_____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____8TH GRADE TRIP FUND _____

NUMBER OF: STUDENTS _21_____ **FACULTY SPONSORS** ___1__ **OTHER CHAPERONES** ___3____
TOTAL # OF PARTICIPANTS __24___

MODE OF TRANSPORTATION

☐ **CERTIFICATED COMMON CARRIER; SPECIFY** _____

X PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S): MELISSA HERALD, BRACK HERALD, MANDY STEPHENS, TONIA AND DAVE SHWEGMAN, MICHELE AND EDDIE ERHMAN

MS. STEPHENS AND MS. HERALD WILL BE THE MAIN DRIVERS-THE OTHERS WILL BE BACK-UP DRIVERS.

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? **X Yes** ☐ No

___Melissa Herald_____ ___4/10/17_____
Signature of Faculty Sponsor ***Date***

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

_____

_____ _____
Signature of Board Chairperson ***Date***

For overnight and/or out-of-state trips, approval of the Board may be required by policy 09.36.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23Review/Revised:7/11/13