

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Kelly Green

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Community Center ADDRESS 301 W Walnut St. PHONE (859) 781-8878

- ☐ Out of State ☐ Out of County ☒ Within County

☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 5/15/16 DEPARTURE TIME 11:00 RETURN TIME 1:00PURPOSE/EDUCATIONAL VALUE Reading Counts incentive

SOURCE OF FUNDING FOR TRIP _____

*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 ~ 60 FACULTY SPONSORS 5 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS ~ 65MODE OF TRANSPORTATION Walking☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, AS 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 ☐ NoKelly Green
Signature of Faculty Sponsor5/4/17
DateTrip 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.23

Review/Revised: 7/11/13