

School-Related Student Trip Request Form

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

SCHOOL DHS FACULTY MEMBER(S) SPONSORING TRIP Kelly Sott
TYPE OF TRIP (CHECK ONE):☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☒ Organization/Club Trip, specify Cooking Team ☐ Other (athletic, band, if applicable) _____
DESTINATION Louisville ADDRESS ky State Fair PHONE _____☐ Out of State ☒ Out of County ☐ Within County
☐ Overnight; give name, address, phone of lodging Cottonwood Suites, 4110 Dixie Hwy
Louisville ky 40216 - 502-448-2020
DATE(S) OF TRIP Aug. 16-18 / 23-25 DEPARTURE TIME 12:00 noon RETURN TIME 8:00 pmPURPOSE/EDUCATIONAL VALUE The Cooking Team will be competing in the State ChampionshipSOURCE OF FUNDING FOR TRIP Students have raised money

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 5 FACULTY SPONSORS 1 OTHER CHAPERONES _____
1 Chris Plenkner
TOTAL # OF PARTICIPANTS 7

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 ☐ NoKelly Sott
Signature of Faculty SponsorJuly 6, 2017
DateTrip has been ☐ approved ☒ disapproved. Reason for disapproval _____
D. Dorr
Signature of Superintendent/Designee
7/7/17
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