

STUDENT Trip Request Form

09.36 AP.21

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

School: PES ☒ PHS

Faculty Member(s) Sponsoring Trip: TOM ASBURY

TYPE OF TRIP (Check One)

☐ Classroom Field Trip

☐ Class Trip (i.e. Junior, Senior), Specify _____

☒ Organization/Club Trip, specify HS ACADEMIC TEAM

☐ Other (athletic, band, if applicable) _____

DESTINATION: GLASGOW HS - SCOTTIE TOURNAMENT

Address: 1601 Columbia Ave. Glasgow KY 42141 Phone: (270-308-5847)

Out of State ☒ Out of County ☐ Within County ☐

Overnight: address of lodging: (Name) Holiday Inn & Suites Glasgow

Address: 208 Wall Street Glasgow KY 42141 Phone: (270) 629-2900

DATE(s) OF TRIP: August 25 & 26, 2017

DEPARTURE TIME: 4pm RETURN TIME: 11pm

PURPOSE/EDUCATIONAL VALUE: Opening tournament for 2017 - to see where the team stands

SOURCE OF FUNDING: Local Account

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

BILL TRIP EXPENSE TO: ☒ Sponsoring Organization ☐ School Council ☐ Board

☐ Other, (specify): _____

NUMBER OF: Students 10 Faculty 2 Sponsors _____ Other Chaperones _____

TOTAL # of PARTICIPANTS 12

NAMES OF CHAPERONES: Tom Asbury - Traci Bishop

MODE OF TRANSPORTATION:

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP. 212

☐ CERTIFIED 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

Tom Asbury
Signature of Faculty Sponsor

8-3-17
Date

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

[Signature]

Signature of Superintendent/Designee

8/7/17

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.21, 09.36 AP.22, 0936 AP.22, 09.36 AP.23

Reviewed/Revised: 08/20/01