

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

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

SCHOOL Pikeville High FACULTY MEMBER(S) SPONSORING TRIP Michelle Scott

TYPE OF TRIP (CHECK ONE): Regional

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

DESTINATION Lexington Center ADDRESS Lexington, KY PHONE _____

☐ Out of State ☐ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging Hotel in Lexington

DATE(S) OF TRIP 10-13-17 ~~10-14-17~~ DEPARTURE TIME No RETURN TIME 10-11-2017

PURPOSE/EDUCATIONAL VALUE UC A qualifying competition

SOURCE OF FUNDING FOR TRIP Chaar Boosters

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 20 FACULTY SPONSORS 1 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS _____

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

Michelle Scott
Signature of Faculty Sponsor

8-1-17
Date

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

D. P. H.
Signature of Superintendent/Designee

8-2-17
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