

**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

☒ Other (athletic, academic, band, if applicable) HS ACADEMIC TEAMS**DESTINATION: GALT HOUSE - LOUISVILLE**Address: 140 N. 4TH ST. LOUISVILLE, KY 40202Phone: 502-589-5200☐ Out of State☐ XXX Out of County☐ Within County**Overnight:** address of lodging: (Name) GALT HOUSE - LOUISVILLE

Address

Phone:

**DATE(s) OF TRIP:** MARCH 17-19**DEPARTURE TIME:** 8AM**RETURN TIME:** 10 PM**PURPOSE/EDUCATIONAL VALUE:** GOVERNOR'S CUP ACADEMIC STATE TOURNAMENT**SOURCE OF FUNDING:** BOARD FUND AND SCHOOL ACCOUNT (FUNDRAISING)***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 50 Faculty 6 Sponsors      Other Chaperones     **TOTAL # of PARTICIPANTS:** 56**NAMES OF CHAPERONES:** Tom Asbury, Ashley Estep, Traci Bishop, Jordan Johnson, Sherry Lane, Tonya Potect**MODE OF TRANSPORTATION:****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.)**See List AboveHave all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ YES ☐ NOTom Asbury  
Signature of Faculty Sponsor1-19-18

Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval:     Deborah  
Signature of Superintendent/Designee1-19-18

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, 0936 AP.22, 09.36 AP.23

Reviewed/Revised: 08/20/01