

School-Related Student Trip Request Form

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

SCHOOL PHS FACULTY MEMBER(S) SPONSORING TRIP Billy Scott

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 Knoxville, Ky ADDRESS Ky State Fair PHONE 502-367-5000☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 8/19/18 - 8/24/18 DEPARTURE TIME 1:00 pm RETURN TIME 5:00 pmPURPOSE/EDUCATIONAL VALUE To compete in the State Cooking CampSponsored by Ky Dept of AgSOURCE OF FUNDING FOR TRIP Cookbook sales and donations

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 4 FACULTY SPONSORS 1 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 6

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 ☐ NoBilly Scott
Signature of Faculty Sponsor7/2/18
DateTrip has been ☐ approved ☐ disapproved. Reason for disapproval _____[Signature]
Signature of Superintendent/Designee7-11-18

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, 09.36 AP.22, 09.36 AP.23

Review/Revised: 8/20/01