

School-Related Student Trip Request Form

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

SCHOOL Pikeville High School FACULTY MEMBER(S) SPONSORING TRIP Dr. Bersaglio

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Univ. of Louisville ADDRESS Louisville, KY PHONE _____☐ Out of State ☒ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP May 6-7, 2019 DEPARTURE TIME TBA RETURN TIME TBDPURPOSE/EDUCATIONAL VALUE State Concert Band AssessmentSOURCE OF FUNDING FOR TRIP Fundraising

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 40 FACULTY SPONSORS 1 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 41

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 ☐ NoAlvin Lewis
Signature of Faculty SponsorMay 1, 2018
DateTrip has been ☐ approved ☐ disapproved. Reason for disapproval _____Dr. [Signature]
Signature of Superintendent/Designee7-12-19

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.23

Review/Revised: 8/20/01