

Trip Request Form

NOTE: For trips requiring Board approval (all overnight trips), this form must be routed through the Principal and Superintendent and to the Board at least one (1) week prior to the next regularly scheduled Board meeting. For other trips, submit this form to the Principal at least two (2) weeks prior to the trip.

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Karen Nolcox

TYPE OF TRIP (Check one):

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

DESTINATION Hardinsburg, KY ADDRESS 111 FFA Camp Rd PHONE (270) 756-2301

- ☐ Out-of-State ☐ Out-of-County ☐ Within-County

☒ Overnight (Give name, address, phone of lodging) KY FFA Leadership Training Center
111 FFA Camp Rd Hardinsburg, KY

DATE(S) OF TRIP Sept 14-15, 2018 DEPARTURE TIME 1:00 pm RETURN TIME 3:00 pm

PURPOSE/EDUCATIONAL VALUE Students will attend Rising Sun Leadership Conf. to develop goals for the Purchase Region FFA and plans to implement those goals.

SOURCE OF FUNDING FOR TRIP CTE / FFA

BILL TRIP EXPENSES TO: ☐ Sponsoring Organization ☐ School Council ☐ Board ☒ Other (Specify) CTE

PARTICIPANTS

Number of Students 2 Faculty Sponsors 1 Other Chaperones _____ Total # of Participants 3

TRANSPORTATION

Is District transportation needed? ☐ No ☒ Yes (See Procedure 09.36 AP.212)

☐ Bus ☒ Other Board-owned/insured vehicle

☐ Private Vehicle(s) List drivers: _____

Notification to parents/guardians that private vehicles are to be used? ☐ Yes ☐ No

☐ Certificated Common Carrier (Specify) _____

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


 Faculty Sponsor's Signature

 Principal's Signature

8/22/18
 Date
8/22/18
 Date

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	

_____	_____
Superintendent/Designee's Signature	Date
The Board must approve overnight trips.	
Date of Board approval: _____	Order Number: _____

Review/Revised: 1/27/05