

School-Related Student Trip Request Form

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

SCHOOL Pikeville H.S. FACULTY MEMBER(S) SPONSORING TRIP Clark

TYPE OF TRIP (CHECK ONE):

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

DESTINATION EKU ADDRESS Richmond KY PHONE 606 213-2412

- ☐ Out of State ☐ Out of County ☐ Within County
☒ Overnight; give name, address, phone of lodging Volleyball All A State Tournament

DATE(S) OF TRIP 9-14-18 - 9-15-18 DEPARTURE TIME 12:00pm RETURN TIME 5:30pmPURPOSE/EDUCATIONAL VALUE To compete at the All A classic state tournament at EKV.SOURCE OF FUNDING FOR TRIP Volleyball 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 Shawne Wells
 TOTAL # OF PARTICIPANTS 22

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

[Signature]
 Signature of Faculty Sponsor

9-11-18
 Date

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

[Signature]
 Signature of Superintendent/Designee

9-12-18
 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