

**SUBMIT THIS FORM ONE WEEK PRIOR TO THE NEXT REGULAR BOARD MEETING**School: PES **PHS** Faculty Member(s) Sponsoring Trip: Collan McCoy**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: UK - Lexington**

Address: \_ Phone: \_

**Out of State****XXX Out of County****Within County****Overnight:** address of lodging: (Name) Quality Inn LexingtonAddress: 2381 Buena Vista Rd. Lexington, KY 40505 Phone: 1-859-299-0302**DATE(s) OF TRIP:** October 12-13**DEPARTURE TIME:** 4:30pm**RETURN TIME:** 10 pm**PURPOSE/EDUCATIONAL VALUE:** Quiz Bowl Tournament - Prep for Gov. Cup**SOURCE OF FUNDING:** 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 8 Faculty 2 Sponsors    Other Chaperones   **TOTAL # of PARTICIPANTS : 10****NAMES OF CHAPERONES:** Collan McCoy, Traci Bishop, Bennett Stewart**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 NO

Signature of Faculty Sponsor

10-3-18

Date

Trip has been approved disapproved. Reason for disapproval:

Signature of Superintendent/Designee

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