

**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 Kristy Orem

## 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 Beechwood Ft. Mitchell ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP Nov. 10, 2018 DEPARTURE TIME 8:00 AM RETURN TIME 8:00 PMPURPOSE/EDUCATIONAL VALUE -We will play at Beechwood for a scrimmage - We are not staying overnight.SOURCE OF FUNDING FOR TRIP 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 3 OTHER CHAPERONESTOTAL # OF PARTICIPANTS 23

Kristy Orem  
Robert Orem  
Derek Dotson

## 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

Kristy Orem  
Signature of Faculty Sponsor

Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

10/11/18

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