

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Robin Jones/Jennifer Weber

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Northern KY Univ. ADDRESS Louis B Nunn Dr PHONE 859-572-5226

- ☐ Out of State ☐ Out of County ☐ Within County
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP October 23, 2018 DEPARTURE TIME 8:00 AM RETURN TIME 2:00 PMPURPOSE/EDUCATIONAL VALUE Campbell Co. Drug Free Alliance Youth Summit 2018 - students will brainstorm projects for School RE: underaged drinking + preventionSOURCE OF FUNDING FOR TRIP N/A

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. *prevention

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____NUMBER OF: STUDENTS 7 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 8

MODE OF TRANSPORTATION

- ☒ CERTIFICATED COMMON CARRIER; SPECIFY Dayton Independent bus
☐ PRIVATE VEHICLE, AS 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 ☐ NoJennifer S. Weber
Signature of Faculty Sponsor10/15/18
DateTrip has been ☐ approved ☐ disapproved. Reason for disapproval _____Jim Smith
Signature of Board Chairperson10/15/18
Date

For overnight and/or out-of-state trips, approval of the Board may be required by policy 09.36.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23

Review/Revised:7/11/13