

**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: TRIGG COUNTY HIGH SCHOOL

FACULTY MEMBER(S) SPONSORING TRIP: ANDREW MROCH

**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: FRANKFORT, KY ADDRESS: 80 CHENAULT ROAD, FRANKFORT, KY 40601 PHONE: (502) 695-6111

- ☐ Out-of-State    ☐ Out-of-County    ☐ Within-County  
☒ Overnight (Give name, address, phone of lodging) Best Western Parkside Inn

DATE(S) OF TRIP: OCTOBER 26-28, 2018

DEPARTURE TIME: 1:00 PM

RETURN TIME: 1:00 PM

PURPOSE/EDUCATIONAL VALUE: KMEA STATE MARCHING BAND CHAMPIONSHIPS

SOURCE OF FUNDING FOR TRIP: HIGH SCHOOL BAND ACTIVITY ACCOUNT

BILL TRIP EXPENSES TO: ☒ Sponsoring Organization    ☐ School Council    ☐ Board    ☐ Other (Specify) \_\_\_\_\_**PARTICIPANTS**

Number of Students 61 Faculty Sponsors 2 Other Chaperones 8 Total # of Participants 71

**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

10/15/18

Date



Principal's Signature

10/17/18

Date

Trip has been ☐ approved ☐ 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