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 TCHS FACULTY MEMBER(S) SPONSORING TRIP NATTHEW WILDER
TYPE OF TRIP (Check one):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
DESTINATION LEY INGTON, KY ADDRESS COLOR PHONE STATE MED
DESTINATION LEYINGTON, KY ADDRESS KENTUCKY TO SE PHONE STATE MEL
☐ Out-of-State ☐ Out-of-County ☐ Within-County
Provernight (Give name, address, phone of lodging) Hampton In 1025 Early Dave, Winchester, KY 40391
DATE(S) OF TRIP NOVEMBER 2-3 DEPARTURE TIME 9:00an RETURN TIME 6:00 pm
PURPOSE/EDUCATIONAL VALUE STATE CROSS COUNTRY MEET
SOURCE OF FUNDING FOR TRIP CLOSS COUMRY
BILL TRIP EXPENSES TO: Sponsoring Organization School Council Board Other (Specify)
PARTICIPANTS
Number of Students // Faculty Sponsors / Other Chaperones Total # of Participants //
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 \(\text{No} \) Faculty Sponsor's Signature Principal's Signature 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