

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 High FACULTY MEMBER(S) SPONSORING TRIP Coach Starnes

TYPE OF TRIP (Check one):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_

☐ Organization/Club Trip (specify) \_\_\_\_\_

☒ Other (athletic, band, if applicable) Wrestling

DESTINATION Lindsey Wilson

ADDRESS 210 Lindsey Wilson St. Columbia Ky 42728

PHONE (270) 384-2126

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

☒ Overnight (Give name, address, phone of lodging) Sleep Inn & Suites 350 Doherty Trace Columbia Ky 42728

DATE(S) OF TRIP Jan 25 Jan 26 DEPARTURE TIME 3:00 PM RETURN TIME 10 PM

PURPOSE/EDUCATIONAL VALUE wrestling

SOURCE OF FUNDING FOR TRIP Booster

BILL TRIP EXPENSES TO: ☐ Sponsoring Organization ☐ School Council ☐ Board ☒ Other (Specify) Wrestling Booster

PARTICIPANTS

Number of Students 15 Faculty Sponsors 1 Other Chaperones 2 Total # of Participants 18

TRANSPORTATION

Is District transportation needed? ☐ No ☒ Yes (See Procedure 09.36 AP.212)

☐ Bus ☒ Other Board-owned/insured vehicle van

☐ 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

Ralph Starnes  
Faculty Sponsor's Signature

10-15-18

Date

Sharon  
Principal's Signature

10-25-18

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