

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP MELISSA HERALD**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 NKU STEM DAY ADDRESS NKU HIGHLAND HEIGHTS, KY PHONE _____

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

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/16/18 DEPARTURE TIME 9:30 AM RETURN TIME 1:45 PMPURPOSE/EDUCATIONAL VALUE HANDS-ON/STEM ACTIVITIES TO HELP STUDENTS UNDERSTAND 4TH GRADE SCIENCE STANDARDSSOURCE OF FUNDING FOR TRIP IF ABLE, STUDENTS WILL PAY FOR TRANSPORTATION*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 30 FACULTY SPONSORS 2-3 OTHER CHAPERONES 2
 TOTAL # OF PARTICIPANTS POSSIBLY 35

MODE OF TRANSPORTATION☒ CERTIFICATED COMMON CARRIER; SPECIFY NEWPORT OR BELLEVUE 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 ☐ No

Melissa Herald*Signature of Faculty Sponsor*10/21/18*Date*

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
_____ <i>Signature of Board Chairperson</i>	_____ <i>Date</i>

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