# 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 _TERESA RUSSEL/ANDREA HAMPTON

TYPE OF TRIP (*Check one*):

☐ Classroom Field Trip    ☐ Class Trip (*i.e., junior, senior*), specify _____

X Organization/Club Trip (*specify*) _DECA STATE OFFICERS__ ☐ Other (*athletic, band, if applicable*)

DESTINATION _DETROIT, MICHIGAN_____ADDRESS _____PHONE_____

X Out-of-State    ☐ Out-of-County ☐ Within-County

X Overnight (*Give name, address, phone of lodging*) __Detroit Marriott 400 Renaissance Center Drive  313-568-8000

DATE(S) OF TRIP_11/15-18//18_____ DEPARTURE TIME _11:30 AM___ RETURN TIME _9:00PM_____

PURPOSE/EDUCATIONAL VALUE DECA STATE OFFICERS REPRESENTING KY AT CENTRAL REGION CONFERENCE

SOURCE OF FUNDING FOR TRIP _KY STATE DECA WILL PAY STUDENT AND ADVISOR REGISTRATION AND LODGING. STUDENTS WILL PAY THEIR OWN AIRFARE & MEALS, VOCATIONAL FUNDING WILL COVER TRANSPORTATION TO AIRPORT, ADVISOR AIRFARE & MEALS, SUB & UBER_____

BILL TRIP EXPENSES TO: X Sponsoring Organization ☐ School Council ☐ Board ☐ Other (*Specify*)_____

PARTICIPANTS

Number of Students __2___ Faculty Sponsors __1__ Other Chaperones _____ Total # of Participants _____3_____

TRANSPORTATION

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

☐ Bus   ☐ Other Board-owned/insured vehicle

X Private Vehicle(s) List drivers: _Teresa Russell

Notification to parents/guardians that private vehicles are to be used? X 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

_____        11/2/18
*Faculty Sponsor's Signature*                    Date

_____        11/12/18
*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