SchoolRelated Student Trip Request Form

1) X 1) TOTOL (-# = 1 LV) (1) X (1)
SCHOOL TYPE OF TRIF SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
☐ Over 300 miles ☐ Cocurricular ☐ Extracurricular ☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, hand, if applicable DESTINATION ☐ OUNG TRIBUSED, TO POUNS TRIBUSED, XXX
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 1919 DEPARTURE TIME 8 30 RETURN TIME
PURPOSE/EDUCATIONAL VALUE Alhambra AT-T Project Record
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOESONOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP AND THE COLLEGE OF COLLEGE O
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
NUMBER OF: STUDENTS MALE STUDENTS FEMALE STUDENTS
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 69.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY
D PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CERTIFIED CHAPERONES USDING DILLOCAL FOR THE
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to
supervise students? 🗆 Yes 🗆 No Have all students been notified of the rules and regulations regarding
acceptable behavior? Yes No How have they been notified?
Signature of Faculty Sponsor Date Signature of Principal Date
Signature of Faculty Sponsor Date Signature of Principal Date EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been approved disapproved. Reason for disapproval
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been approved disapproved. Reason for disapproval (2-19-18
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been approved disapproved. Reason for disapproval 12-19-18 Date
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been approved
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been approved disapproved. Reason for disapproval 12-19-18 Signature of Superintentient/Designee Date Signature of Board Chair Date
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been approved disapproved. Reason for disapproval 12-19-(8) Signature of Superintentent/Designee Date Signature of Board Chair Date For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09:36.
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been approved disapproved. Reason for disapproval 12-19-(8) Signature of Superintendent/Designee Date Signature of Board Chair Date For overlight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09:36. RELATED PROCEDURES:
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been approved disapproved. Reason for disapproval 12-19-18 Signature of Superintendent/Designee Date Signature of Board Chair Date For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09:36. RELATED PROCEDURES: 09.36 AP:211, 09.36 AP:212, 09:36 AP:23.
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been approved disapproved. Reason for disapproval 12-19-18 Signature of Superintendent/Designee Date Signature of Board Chair Date For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09:36. RELATED PROCEDURES: 09.36 AP:211, 09.36 AP:212, 09:36 AP:23.
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been approved disapproved. Reason for disapproval 12-19-18 Signature of Superintendent/Designee Date Signature of Board Chair Date For overnight and/or out-of-sizie trips, approval of the Superintendent and/or Board may be required by policy 09:36. RELATED PROCEDURES: 09:36 AP:211, 09:36 AP:212, 09:36 AP:23. Review/Revised:11/21/13
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been approved a disapproved. Reason for disapproval C2 - 19 - 18
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON Trip has been approved disapproved. Reason for disapproval 12-19-18 Signature of Superintendent/Designee Date Signature of Board Chair Date For overnight and/or out-of-sizie trips, approval of the Superintendent and/or Board may be required by policy 09:36. RELATED PROCEDURES: 09:36 AP:211, 09:36 AP:212, 09:36 AP:23. Review/Revised:11/21/13

Page 1 of 1

11 emergency approval"

School-Related Student 1 rip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Christian County Middle Aculty Member(s) sponsoring trip Terrie Younger Trew Boggess Type of Trip (CHECK ONE):
Over 300 miles 100 miles
Out of State Out of County Within County Overnight: give name, address, phone of lodging Fait Field Inn + Suites 100 E. Jefferson Louisville, Ky 502-519-3553 DATE(S) OF TRIP Jan. 16-18-2019 DEPARTURE TIME 12:30 1-16 RETURN TIME 3:00 1-18-19
PURPOSE/EDUCATIONAL VALUE strengthen academic + leadership Skills + showcase talents
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT, APPLY TO ATHLETIC TRIPS.) All core content academic Standards plus leadership t Ayst Humanitics Source of funding for trip students (club) pay for registration t hotel room Amount of Student Fee: 6 125.00
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER NUMBER OF: STUDENTS MALE STUDENTS FEMALE STUDENTS
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? IN SET YES (SEE PROCEDURE 09:36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) CERTIFIED CHAPERONES TEXTIE YOUNGER, Drew Boggess
CLASSIFIED CHAPERONES Rebecca Wadley (Also bus driver)
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\) No Have all students been notified of the rules and regulations regarding acceptable, behavior? Yes \(\) No How have they been notified? Yes \(\) How have they been notified? Yes \(\) Signature of Faculty Sponsor Date Signature of Principal Date EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been 🖾 approved 🗆 disapproved. Reason for disapproval
Signature of Superintendent/Designee Signature of Board Chair For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.
Related Procedures:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised:11/21/13

"emergency approval"

School-Related Student Trip Request Form
SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
SCHOOL Christian County Middle Aculty Member(s) Sponsoring trip C. J. Brewer Kortez Ivo.
Over 300 miles
DESTINATION Lexington, KY ADDRESS 273 Ruce 10 Way PHONE 859-303-407
Out of State Out of County Within County Overnight: give name, address, phone of lodging 1950 New town, Pike Lexington, KY 4051) (larion believed to be borded) DATE(S) OF TRIP Feb, 8th, 9th, 10th DEPARTURE TIME 3:30 RETURN TIME Depends on whe purpose/EDUCATIONAL VALUE 8th grade State backet loa(1)
DATE(S) OF TRIP Feb, 8th 9th, 10th DEPARTURE TIME 3:30 RETURN TIME Depends on who
Purpose/Educational Value 8th grade State basketball
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip Boys Basket ball
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: ☑ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER
Number of: students 13 Male Students 13 Female Students
Mode of Transportation: is district transportation needed? \(\subseteq\) no \(\subseteq\) yes (see procedure 09.36 ap. 212.) \(\subseteq\) Certificated common carrier; specify \(\subseteq\)
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)
CLASSIFIED CHAPERONES C. J. Brawer
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes \(\) No Have all students been notified of the rules and regulations regarding acceptable behavior? Yes \(\) No How have they been notified? Year of Meeding 1-7-19 Year Meeding 1/8/19
Signature of Faculty Sponsor Date Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Trip has been ☐ approved ☐ disapproved. Reason for disapproval
Washington 1-9-19 Signature of Superintendent/Designee Date
Signature of Board Chair Date For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.
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RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SCHOOL: Hopkinsville High	ScholFACULTYN	EMBER SPONSORING TR	1P: 1 aco 6	Exell
Type of Trip (check one):			- U	
✓ Over 300 miles O Under 3	300 miles C	O Co-curricular	O Extracurric	ular
O Classroom Field Trip O Organi	zation/Club Trip 6	YOther (athletic, band, if	'applicable)	
DESTINATION Georgetoun College	k_Address <u>400</u>	E College St	PHONE 502-1	763-8000
O Out of State O Out of County lodging				
DATE(S) OF TRIP 1/18/18	DEPARTURE T	TIME 5:30	RETURN TIME	\$:00
PURPOSE/EDUCATIONAL VALUE OFF	icial called	ie campos s	visi+	
WHAT STANDARD IS BEING ADDRESS	SED BY TAKING T	HIS TRIP? (DOES NOT	APPLY TO ATH	LETIC TRIPS.)
SOURCE OF FUNDING FOR TRIP 5A				
AMOUNT OF STUDENT FEE; \$	antan (annan ann amhairt a fhailt an Thaillian an lineach an ann ann an fheilt an 121	₩ X-Nessant-No		
NO STUDENT SHALL	BE DENIED THE TR	IP BECAUSE OF AN INABII	JITY TO PAY.	
BILL TRIP EXPENSES TO: O SPONSORIN	G ORGANIZATION	O SCHOOL COUNCIL	O BOARD	O OTHER
NUMBER OF: STUDENTS M	ALE STUDENTS .	FEMALE ST	UDENTS	
Mode of Transportation: is distri O Certificated common Ca	CT TRANSPORTATI	ON NEEDED? O NO ON	ES (see proceduri	
O PRIVATE VEHICLE, IF ALLOW				Milital substituture yhdytenyynynyninninn ohnoenen me
CERTIFIED CHAPERONES			Colombia de Problem en Colombia de Colombi	ris VM-09408M-4-tartom constructores-
CLASSIFIED CHAPERONES Jacob	Ezell		ett saat t äävätettäävätettekkin keikette tennen että annen saassa tenna tennen saassa tenna tennen	ncoorrencerius des la misser de la misser del misser de la misser de la misser de la misser de la misser de l
Have all chaperones undergone the requi	red records check a	nd been designated by the	nrincinal/design	ee to supervise
students? Of Yes O No		nts been notified of the		
acceptable behavior? 9 Yes O No	How have they	been notified?		in distribution and a company of the
hauf gan Line Fe Vall Internacional	14/18	reconnection and the first production of the second	CONSTITUTATION OF THE SECOND STATE OF THE SECO	77-18
Signature of Faculty Sponsor	Date	Signature of Prin	cipal	Date
EMERGENCY REQUESTS DUE TO APPROVAL IMPOSSIBLE SHOULD) UNFORESEEN) ALSO HAVE TI	CIRCUMSTANCES TO LE SIGNATURE OF TO	HAT MAKE PR HE BOARD CH	IOR BOARD AIRPERSON
	Reason for disappro			MATERIAL CONTROL OF THE STATE O
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made	.11		1-4-19	
Signature of Superintendent/Designation	gnee	15007220000	ookssammaadaa fiinsassa Date	1986 i 18 p din province and the control or memory accessors in pro-
Signature of Board Chair	Victoria (Adrillo C. Al Latinia e manera den la muera parte para la perso de se el merca de serve		ant and the common appropriate to the state of	
For overnight and/or out-of-state trips,	approval of the Supe	rintendent and/or Board m	Date ay be required by p	olicy 09,36.
		· · · · · · · · · · · · · · · · · · ·		

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

SUBMIT THIS FORM BY THE FIRST THURSDAY OF MONTH.

NOTE: DISTRICT WILL REVIEW ON THE THIRD THURSDAY ON THE MONTH.

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SCHOOL: HHS FACULTY	MEMBER SPONSORING TRIP: Cindy Campbell
Type of Trip (CHECK ONE):	
O Over 300 miles O Classroom Field Trip O Organization/Club Trip	O Other (athletic, band, if applicable)
	PHONE
Indoing	County O Overnight: give name, address, phone of
DATE(S) OF TRIP 2. 11. 19 DEPARTUR	RETIME 8'.15 RETURN TIME 11:30
PURPOSE/EDUCATIONAL VALUE Delta Va	uth Summit
Conversations about 1	o this trip? (Does not apply to athletic trips.)
SOURCE OF FUNDING FOR TRIP * SEE AN	ry wilcox
AMOUNT OF STUDENT FEE: \$	organism memory felerens
NO STUDENT SHALL BE DENIED THE	TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: O SPONSORING ORGANIZATION	ON O SCHOOL COUNCIL OBOARD O OTHER
NUMBER OF: STUDENTS 125 MALE STUDENTS	
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORT O CERTIFICATED COMMON CARRIER; SPECIF	ATION NEEDED? O NO ØYES (SEE PROCEDURE 09.36 AP. 212.)
O PRIVATE VEHICLE, IF ALLOWED BY POLICY; CERTIFIED CHAPERONES 10 P Right	* Kristee Barnes, Carolyn Lewis
CLASSIFIED CHAPERONES LATTY Miller,	
students? O Yes O No Have all s	ck and been designated by the principal/designee to supervise tudents been notified of the rules and regulations regarding they been notified?
Signature of Faculty Sponsor Date	Signature of Principal Date
EMERGENCY REQUESTS DUE TO UNFORESE	EN CIRCUMSTANCES THAT MAKE PRIOR BOARD E THE SIGNATURE OF THE BOARD CHAIRPERSON
Signature of Superintendent/Designee	and the second s
	- Management and the state of t
Signature of Board Chair	Date
For overnight and/or out-of-state trips, approval of the	Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

STUDENTS

	School	-Related Stud	<u>lent Tr</u>	ip Requ	est For	m	
	SUBMIT	THIS FORM FOUR ((4) WEEKS	PRIOR TO T	AKING TI	ie trip.	
SCHOOL: Type of Trii	HMS P (CHECK ONE):	FACULTY]	MEMBER((S) SPONSOR	ING TRIP	Jessico Victoria	Jenkins
☐ Over 300 ☐ Classroo	0 miles	nder 300 miles rganization/Club Tri	Co-c	curricular er (athletic, b	oand, if ap	□ Extracur r i plicable)	icular
	om Field Trip Or James Madis Nadje Scho	Address_	Madiso				
Out of St lodging		unty Within (County	□ Overni	ight: give	e name, ado	dress, phone of
DATE(S) OF T				7:00		TURN TIME	4:00
	UCATIONAL VALUE		Team				· · · · · · · · · · · · · · · · · · ·
WHAT STAN	IDARD IS BEING ADD	RESSED BY TAKIN	к тніѕ т	RIP? (DOE:	S NOT AI	PPLY TO AT	THLETIC TRIPS.)
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AMOUNT OF	STUDENT FEE: \$						
	No stupent sh	IALL BE DENIED THE	E TRIP BEC	CAUSE OF AN	INABILIT	Y TO PAY.	
BILL TRIP EX	(Penses to: ♯-spons			SCHOOL CO		□ BOARD	OTHER
NUMBER OF:	STUDENTS	MALE STUDENTS	s	Fem	ALE STUE		
MODE OF TR AP. 212.)□ C	RANSPORTATION; IS DI	STRICT TRANSPORT ON CARRIER; SPECII	FY	EDED?	NO 1/2 1	ES (SEE PR	OCEDURE 09.36
E	I Private vehicle, i	IF ALLOWED BY POL	LICY; SPEC	CIFY DRIVER	t(S)		
CERTIFIED C	CHAPERONES Jes	sica Far	14; L	lict Dri	a Je	nhins	
CLASSIFIED (CHAPERONES	Property and the second section of the section of the second section of the section of the second section of the sectio					
Have all chap	perones undergone the						
students?	Yes ⊔ No , ehavior,? 54-Yes □ No .	Have all s How have			of the ru	les and regul	lations regarding
lessign	Eodin	1/4/19	uley occ			Divol	p tyle
(Z ~	Faculty Sponsor	Date		Signature			Date
	CY REQUESTS DU L IMPOSSIBLE SHO						
Trip has been I	☐ approved ☐ disapp	roved. Reason for disa	approval			- popular susualista empresas estados e	
500	- ZM-	——————————————————————————————————————	Metro Incultat del Antonio del Carlos del Carlos de	AMERICAN SIGNAL PROPERTY AND	nemantolehantonentolehantonentolehantolehantolehantolehantolehantolehantolehantolehantolehantolehantolehantoleh T	7-19	
mulaum famali Sign	dure of Superintendent	Designee			L.	Date	WWW. Washington AVX Sand Judgeton and Authority and an anadam
R -	nature of Board Chair	quijakant palantari darkiriki pramamari sabili turakit sabili sabili sabili darkiriki darkiriki darkiriki darak	**************************************			Date	**************************************
For over	might and/or out-of-state	trips, approval of the	Superinten	dent and/or B	oard may b	e required by t	policy 09.36.

Related Procedures:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

School-Related Student Trip Request Form

SCHOOL: HMS FACULTY MEMBER(S) SPONSORING TRIP JESSKA FOR Y
Cund on Thin (CHECK ONE):
TYPE OF TRIP (CHECK ONE):
Over 300 miles
DESTINATION Galt House Address 140 N fouth st, louisuille Phone 502-589-5200
lodging Galt House
DATE(S) OF TRIP 3/16 - 3/18 DEPARTURE TIME 7.000 M RETURN TIME 2:00pm
PURPOSE/EDUCATIONAL VALUE Heademic Team State CompetitiON
WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Source of funding for trip Acodemic Team Board
AMOUNT OF STUDENT FEE: \$
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
DILE INI EXILENCES TO THE
I TOMBON OF STODE TO THE TAXABLE PROPERTY OF THE PROPERTY OF T
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36
AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY
CERTIFIED CHAPERONES ALLOWED BY POLICY: PECIFY DRIVER(S)
CLASSIFIED CHAPERONES
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Have all students been notified of the rates and regulations regarding acceptable behavior? How have they been notified? How have they been notified? Signature of Faculty Sponsor Date Signature of Principal Date EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
students? Yes No Have all students been notified of the roles and regulations regarding acceptable behavior? Yes No How have they been political? No
students?

Related Procedures:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

	School-Related Student Trip Request Form
	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.
TYPE OF TRIP	HMS FACULTY MEMBER(S) SPONSORING TRIP TELLO MEMBER (S) PONSORING TRIP
Classron	miles Under 300 miles Uco-curricular Extracurricular m Field Trip Organization/Club Trip 500ther (athletic, band, if applicable)
DESTINATION Out of St	ADDRESS PHONE ate Sout of County Within County Overnight: give name, address, phone of
DATE(S) OF T	RIP Ten 3- 5, 2019 DEPARTURE THE TIME 1500 PM RETURN TIME 153100 CM
Purpose Ent	CATIONAL VALUE AU- DOLLOCH BILL
WHAT STANE	DARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
SOURCE OF FU	INDING FOR TRIP Coulou Oxfore Wiles
	STUDENT FEE: \$
	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXI	PENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
NUMBER OF: 9	STUDENTS 4 MALE STUDENTS 2 FEMALE STUDENTS 2
MODE OF TRA AP. 212.)□ CE	ANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? UNO USES (SEE PROCEDURE 09.36 ERTIFICATED COMMON CARRIER; SPECIFY SECIFY DRIVER(S) I PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) IAPERONES MILLOWED BY POLICY; SPECIFY DRIVER(S)
CLASSIFIED C	TIAPERONES
students? Signature of F	erones undergone the required records check and been designated by the principal/designee to supervise Have all students been notified of the rules and regulations regarding How have they been notified? Faculty Sponsor Date Signature of Principal Date
EMERGENC APPROVAL	Y REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON
Signa Signa	Papproved disapproved, Reason for disapproval 13 - 18 - 18 12 - 18 - 18 13 - 18 - 18 14 - 18 - 18 15 - 18 16 - 18 17 - 18 - 18 18 - 18 19 - 1

Related Procedures:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

SchoolRelated Student Trip Request Form

SCHOOL	SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.	
. 🗖 Over :	300 miles Under 300 miles Cocurricular 🗆 Extracurricular	
☐ Classi	room Field Trip Organization/Club Trip Other (athletic, band, if applicable ON Grand Address 1005 Ale of class PHONE 800) 146 300	
DESTINATE		
lodging		
DATE(S) OF	TRIP 10-16-18 DEPARTURE TIME 10:30 RETURN TIME 6,00 00 EDUCATIONAL VALUE COLLEGE EXOCUTORCE	
WHAT ST	ANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)	
PAURCE (I)	F FUNDING FOR TRIP ATMITTED	
	OF STUDENT FEE:	
,	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
	EXPENSES TO: D SPONSORING ORGANIZATION D SCHOOL COUNCIL DBOARD DOTHER	
	OF: STUDENTS OF STUDENTS FEMALE STUDENTS FEMAL	
	CERTIFICATED COMMON CARRIER; SPECIFY	
•~ \$2.50 \$175 \$27 \$27 \$1	CHAPERONES	
CERTIFIEL	CHAPERONES	
CLASSIFIE	COLLOS LIVOS LIVOS	
accomposate processors	chaperones undergone the required records check and been designated by the principal/designee to	
	students? Z Yes D No Have all students been notified of the rules and regulations regarding	
	behavior? Z Yes No How have they been notified?	K
	of Faculty Sponsor Date Signature of Principal Date	1
EMERGI	ENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD	
APPROV	AL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON	
Trip has be	en Dapproved D disapproved. Reason for disapproval	
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enzin farinan farina	Signature of Superintendent/Designee Date	
	Endol Wester 19-17-18	
	Signature of Board Chair Date Divernight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	
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	D PROCEDURES: (C)	
	Review/Revised:11/21/13	
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