

**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 TC HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP ANDREA HAMPTON & COBY LEWIS

**TYPE OF TRIP (Check one):**

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☒ Organization/Club Trip (specify) DECA ☐ Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION GALT HOUSE ADDRESS 140 N 4<sup>TH</sup> STREET LOUISVILLE, KY PHONE 502-589-5200

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

☒ Overnight (Give name, address, phone of lodging) Galt House 140 N 4<sup>th</sup> St Louisville, KY 502-589-5200

DATE(S) OF TRIP 3/2-3/5/19 DEPARTURE TIME : 3/2/19 (9 AM) 2 STATE OFFICERS - 3/3/19 (1PM) OTHER STUDENTS RETURN TIME 3/5/19

PURPOSE/EDUCATIONAL VALUE STATE DECA COMPETITION

SOURCE OF FUNDING FOR TRIP DECA

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

**PARTICIPANTS**

Number of Students 40 Faculty Sponsors 3 Other Chaperones 2 Total # of Participants 45

**TRANSPORTATION**

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

☒ Bus ☐ Other Board-owned/insured vehicle

☒ Private Vehicle(s) List drivers: Andrea Hampton

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

Andrea Hampton

Faculty Sponsor's Signature

Shen n

Principal's Signature

2/11/19

Date

2.11.19

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