

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP

Jennifer Weber

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 AMC NewportADDRESS 1 Love Way St. 4180PHONE 859-261-6742

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

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

DATE(S) OF TRIP

5/1/19 or 5/2/19

DEPARTURE TIME

9:00 AM

RETURN TIME

11:45 A.M.

PURPOSE/EDUCATIONAL VALUE

Reward trip for students scoring
proficient or better on KPrep testing

SOURCE OF FUNDING FOR TRIP

General fund

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

34

FACULTY SPONSORS

2

OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS

36

MODE OF TRANSPORTATION

☒ CERTIFICATED COMMON CARRIER; SPECIFYSchool 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 ☐ NoJennifer D. Weber
Signature of Faculty Sponsor4/11/19
DateTrip has been ☐ approved ☐ disapproved. Reason for disapproval _____

Signature of Board Chairperson

Date

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