

School-Related Student Trip Request Form

INSTRUCTIONS

1. Requests for trips (athletic events, conferences, field trips, etc....) must be submitted **3 weeks** prior to trip.
2. Requests for **overnight** or **out-of-state** trips must be submitted **6 weeks** prior to trip.
3. Please attach a tentative transportation itinerary, including any planned stops.
4. If overnight trip, attach name, address and phone number of lodging.

SCHOOL ACSHS FACULTY MEMBER IN CHARGE Angela Gott

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip ☐ Organization/Club Trip, specify FCCA Leadership Camp

Class Trip (i.e. junior, senior), specify FFA Leadership Training Ctr Other (Athletic, etc...) specify, _____

DESTINATION: FFA Leadership Training Ctr ADDRESS Hardinsburg, KY PHONE _____

Out of State ☐ Out of County ☒ Within County ☐ Overnight ☒

DATE(S) OF TRIP June 5-9, 20 TIME YOU PLAN TO DEPART FROM SCHOOL N/A

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL N/A

PURPOSE/EDUCATIONAL VALUE officer training, Annual planning, leadership development

BILL TRIP EXPENSES TO: FCCA

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY

NUMBER OF: Students 4 Faculty Sponsors 2 Other Chaperones _____
Total # of Participants (Riders) 6 Parents transport

MODE OF TRANSPORTATION

Is District Transportation Needed? ☒ No Yes, see Procedure 09.36 AP.212

Certificated Common Carrier (i.e. Charter Bus), specify company _____

Private Vehicle, if allowed by policy; specify driver(s) _____

Any special transportation needs? (e.g. under storage compartments for luggage, etc...) _____

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

[Signature]
Signature of Faculty Sponsor

5/24/19
Date

Trip has been ☒ approved ☐ disapproved, reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

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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SCHOOL AC-SH FACULTY MEMBER IN CHARGE Keegan R. Col

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify Volleyball
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____

• DESTINATION: Apollo High School ADDRESS Owensboro Ky PHONE _____
 Out of State Out of County Within County Overnight

• DATE(S) OF TRIP 08-23-19 TIME YOU PLAN TO DEPART FROM SCHOOL 3:15

• APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL Return 8-24-19 4:15 pm

PURPOSE/EDUCATIONAL VALUE Volleyball MatchBILL TRIP EXPENSES TO: Volleyball

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY

• NUMBER OF: Students 24 Faculty Sponsors 3 Other Chaperones _____
 Total # of Participants (Riders) 27

MODE OF TRANSPORTATION

Is District Transportation Needed? No Yes, see Procedure 09.36 AP.212

Certificated Common Carrier (i.e. Charter Bus), specify company _____

Private Vehicle, if allowed by policy; specify driver(s) _____

Any special transportation needs? (e.g. under storage compartments for luggage, etc...) _____

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

R. Y. Col
 Signature of Faculty Sponsor

2-25-19
 Date

Trip has been approved disapproved, reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

2/25/2019
 Date

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SCHOOL ACSHS FACULTY MEMBER IN CHARGE Hood

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify Camp
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____

DESTINATION: Barefoot Republic ADDRESS Allen Co. PHONE _____

Out of State Out of County Within County Overnight

DATE(S) OF TRIP 7-28 TIME YOU PLAN TO DEPART FROM SCHOOL 1:15 PMAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 7-31 @ 2:00 PMPURPOSE/EDUCATIONAL VALUE Football CampBILL TRIP EXPENSES TO: Football Camp

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY

NUMBER OF: Students 76 Faculty Sponsors 7 Other Chaperones 0
 Total # of Participants (Riders) 83

MODE OF TRANSPORTATION

Is District Transportation Needed? No Yes, see Procedure 09.36 AP.212
 Certificated Common Carrier (i.e. Charter Bus), specify company 2 Buses
 Private Vehicle, if allowed by policy; specify driver(s) _____
 Any special transportation needs? (e.g. under storage compartments for luggage, etc...) _____

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

Signature of Faculty Sponsor

Date

Trip has been approved disapproved, reason for disapproval _____

Signature of Superintendent/Designee

Date

For overnight and/or out of state trips, approval of thee Superintendent and/or Board may be required by policy 09.36.

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SCHOOL ACSHS FACULTY MEMBER IN CHARGE ANGELA Goff

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip ☐ Organization/Club Trip, specify FCCIA State STAR Competition
Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____DESTINATION: Galt House Hotel ADDRESS LOUISVILLE, KY PHONE _____Out of State ☐ Out of County ☒ Within County ☐ Overnight ☒DATE(S) OF TRIP Mar 22-27/19 TIME YOU PLAN TO DEPART FROM SCHOOL 8:00 am 3/22APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 4:00 pm Mar 27PURPOSE/EDUCATIONAL VALUE state competition, leadership development,BILL TRIP EXPENSES TO: FCCIA community service, officer elections,

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY*NUMBER OF: Students 22 Faculty Sponsors 2 Other Chaperones _____
Total # of Participants (Riders) 24

MODE OF TRANSPORTATION

Is District Transportation Needed? No ☐ Yes, see Procedure 09.36 AP.212 ☒

Certificated Common Carrier (i.e. Charter Bus), specify company _____

Private Vehicle, if allowed by policy; specify driver(s) _____

Any special transportation needs? (e.g. under storage compartments for luggage, etc...) _____

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 ☐[Signature]
Signature of Faculty Sponsor5/24/19
DateTrip has been approved ☒ disapproved, reason for disapproval _____[Signature]
Signature of Superintendent/Designee_____
Date

For overnight and/or out of state trips, approval of thee Superintendent and/or Board may be required by policy 09.36.

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SCHOOL ACSHS FACULTY MEMBER IN CHARGE Angela Gott

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip ☐ Organization/Club Trip, specify FCCLA FCS University
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____

DESTINATION: KDE ADDRESS Frankfort PHONE _____Out of State ☐Out of County ☒Within County ☐Overnight ☒DATE(S) OF TRIP TBD Oct 2019 TIME YOU PLAN TO DEPART FROM SCHOOL 7:30 amAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 5:00 pm (next day)PURPOSE/EDUCATIONAL VALUE college and career explorationBILL TRIP EXPENSES TO: FCCLA

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY

NUMBER OF: Students 10 Faculty Sponsors 2 Other Chaperones _____
 Total # of Participants (Riders) 12

MODE OF TRANSPORTATION

Is District Transportation Needed? No ☐ Yes ☒ see Procedure 09.36 AP.212

Certificated Common Carrier (i.e. Charter Bus), specify company _____

Private Vehicle, if allowed by policy; specify driver(s) _____

Any special transportation needs? (e.g. under storage compartments for luggage, etc...) _____

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 ☐

Signature of Faculty Sponsor

Date

Trip has been approved ☒ disapproved, reason for disapproval _____

Signature of Superintendent/Designee

Date

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