

## School-Related Trip Request Form

Submit request TWO WEEKS prior to trip. If less than two weeks, explain \_\_\_\_\_

SCHOOL DHS NAME of FACULTY SPONSOR Jane Dewey CELL # 859-691-1866

TRIP DETAILS ☐ Local-In County ☒ Out-of-County

DESTINATION RiverPark Center ADDRESS: 101 Daviess St. Owensboro, Ky  
☒ Overnight ☐ Out-of-State (Board approval required for overnight and out of state trips) 142303

Lodging Hampton Inn Phone 270-685-2005  
Address 401 W. 2nd St. City Owensboro, Ky State Ky

DATE(S) OF TRIP: 10/17-10/19 DEPARTURE TIME: TBD RETURN TIME: TBD

PURPOSE/EDUCATIONAL VALUE: Kentucky Thespian Festival

### NUMBER OF PARTICIPANTS

14 Students 2 Faculty Sponsors 16 Other Chaperones 16 TOTAL # of Participants  
Name(s) of Adult Chaperones: J. Dewey, M. Springs

### STUDENT HEALTH NEEDS (Consult with school nurse or designee for participant health needs)

Health Plans Provided for Trip: School Nurse or Designee Signature Samuel Wolfe RN

### FOOD SERVICE NEEDS (Consult with cafeteria manager) \*Leaving afterschool things.

Travel Lunches Requested (List zero for none needed) 014 Cafeteria Manager Signature: Mich. L. Hume

### REQUESTED MODE OF TRANSPORTATION \*Travel w/ Boyle Co. High School

- ☐ DISTRICT BUS (Follow Policy 09.36) Request Specific Driver (pending availability): \_\_\_\_\_  
☐ CERTIFICATED COMMON CARRIER (specify): \_\_\_\_\_ (Board Approval Required)  
☐ BOARD-OWNED VEHICLE: Vehicle \_\_\_\_\_ Driver: \_\_\_\_\_ (District Approval Required)

Specify Location of Student Pick-up TBD

### SOURCE OF FUNDING (List organization for billing purposes) No student shall be denied the trip because of inability to pay.

School \_\_\_\_\_ Club or Organization: Thespian Chapter DHS

Athletics (list sport): \_\_\_\_\_ Other (specify): \_\_\_\_\_

Faculty Sponsor's Signature: Jane Dewey Date: Aug. 26, 2019

### APPROVAL - SCHOOL ADMINISTRATION (Principal/Designee or Athletic Director)

☒ Approved ☐ Not Approved Reason: \_\_\_\_\_

Principal or Designee Signature [Signature] Date 9-4-19

School Bookkeeper Signature: \_\_\_\_\_ Munis: \_\_\_\_\_ Date: \_\_\_\_\_

(Upon approval, send original form to central office transportation supervisor. Keep pink duplicate for records.)

### APPROVAL - BOARD OF EDUCATION (for overnight and/or out-of-state requests ONLY)

☐ Approved ☐ Not Approved Reason: \_\_\_\_\_

Board Chair / Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

(Upon approval, send completed form to district transportation supervisor)

### APPROVAL - TRANSPORTATION MANAGER

☐ Approved ☐ Not Approved Reason: \_\_\_\_\_

Name of Driver Assigned: \_\_\_\_\_ Bus Number: \_\_\_\_\_

Transportation Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Special Instructions (if any): \_\_\_\_\_

After approval or non-approval, transportation department shall provide a copy of this form to requesting sponsor.

Original - District Transportation Dept.