

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 ACIC FACULTY MEMBER IN CHARGE Rodriguez

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip

Organization/Club Trip, specify

All-State Chorus

Class Trip (i.e. junior, senior), specify

Other (Athletic, etc...) specify,

DESTINATION: Hilton + Singleton

ADDRESS

Lexington, Ky.

PHONE

Out of State

Out of County

Within County

Overnight

DATE(S) OF TRIP 11/7 - 11/9

TIME YOU PLAN TO DEPART FROM SCHOOL

3pm

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL

3pm SaturdayPURPOSE/EDUCATIONAL VALUE All-State ChorusBILL TRIP EXPENSES TO: Music account - ACIC

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 6Faculty Sponsors 1Other Chaperones 0

Total # of Participants (Riders) _____

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

9/25/2019
Date

Trip has been approved disapproved, reason for disapproval _____

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.

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 Turner

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Greenville, Ky ADDRESS WHFRTC PHONE 270 407 3599
 Out of State Out of County Wendell Ford TNG CTR Within County Overnight

DATE(S) OF TRIP 22-23 Nov TIME YOU PLAN TO DEPART FROM SCHOOL 0900

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 23 Nov 5:00 pm

PURPOSE/EDUCATIONAL VALUE BASS Fishing TEAM

BILL TRIP EXPENSES TO: P:020-1-925-0131-17

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 12 Faculty Sponsors 2 Other Chaperones _____
 Total # of Participants (Riders) _____

MODE OF TRANSPORTATION

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

 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.