

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 8th grade
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION Highlands High School ADDRESS 2400 Memorial Pkwy PHONE (859) 781-5900

- ☐ Out of State ☐ Out of County ☒ Within County
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10/21/19 DEPARTURE TIME 8:45 RETURN TIME 10:45PURPOSE/EDUCATIONAL VALUE High School visitSOURCE OF FUNDING FOR TRIP N/A*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 16 FACULTY SPONSORS 3 OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS 19

MODE OF TRANSPORTATION

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☒ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S) Ms. Weber, Mrs. RabemeyerSUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Mr. DutyHave all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ NoJennifer Weber
Signature of Faculty Sponsor10/10/19
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