

School Related Trip Request Form

Submit request TWO WEEKS prior to trip. If less than two weeks, explain: _____

SCHOOL DHS NAME OF FACULTY SPONSOR Jeff Towns MOBILE # 606 706 0136

TRIP DETAILS: ☐ Local In County ☒ Out Of County

DESTINATION: Greenwood High School COMPLETE ADDRESS: 3065 Scottsville Rd Bowling Green 42104

☒ Overnight ☐ Out of State (Board Approval Required for Overnight & Out of State Trips)

LODGING Best Western ADDRESS 1940 McElwain St CITY Bowling Green

STATE KY 42104 PHONE 270-782-6933

DATE(S) OF TRIP 10/25-10/27 DEPARTURE TIME 4:30 pm RETURN TIME 1:00 pm

PURPOSE/EDUCATIONAL VALUE KMEA State Marching Band Championship

NUMBER OF PARTICIPANTS: Students 37 Faculty Sponsors 1 Chaperones 4 TOTAL 42

NAME OF ADULT CHAPERONE(S): Bill Bryant, Arlene Morales, Laura Southland, Kathy Ault

STUDENT HEALTH NEEDS (Consult With School Nurse or Designee for Participant Health Needs)

☒ Health Plans Provided for Trip School Nurse/Designee Signature [Signature]

FOOD SERVICE NEEDS (Consult With Cafeteria Manager)

Travel Lunches Requested (Put Zero If None Needed) 0 Cafeteria Manager Signature [Signature]

REQUESTED MODE OF TRANSPORTATION

☒ District Bus (Follow Policy 09.36) Specific Driver (pending availability) Dale Gorch

☐ Certified Common Carrier (Board Approval Required) Specify _____

☐ Board-Owned Vehicle (District Approval Required) Driver _____

STUDENT PICK UP LOCATION DHS

FUNDING SOURCE (List Organization for Billing Purposes) No student shall be denied the trip because of inability to pay.

School (choose an item) Club or Organization _____ Athletics (list sport) _____

Other District

Faculty Sponsor's Signature [Signature] Date 9/30/19

APPROVAL – SCHOOL ADMINISTRATOR (Principal/Designee or Athletic Director)

☒ Approved ☐ Not Approved Reason KMEA

Principal/Designee Signature [Signature] Date 10-10-19

School Bookkeeper Signature _____ MUNIS _____ Date _____

(Upon approval, send original to District Transportation Supervisor. Keep 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. Keep duplicate for records.)

APPROVAL – TRANSPORTATION MANAGER

☐ Approved ☐ Not Approved Reason _____

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. ☐ Copy to District Finance Dept. ☐ Copy to School Bookkeeper