

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.
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**FACULTY MEMBER(S) SPONSORING TRIP:** JENNIFER WEBER**TYPE OF TRIP (CHECK ONE):**

- ☒ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☐ Organization/Club Trip, specify: News Crew ☐ Other (athletic, band, if applicable) \_\_\_\_

**DESTINATION:** HIGHLANDS MIDDLE SCHOOL **ADDRESS:** 900 E. 6<sup>TH</sup> ST., NEWPORT, KY 41071

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

**DATE(S) OF TRIP:** Nov. 20, 2019 **DEPARTURE TIME:** 8:15AM **RETURN TIME:** 10:45AM**PURPOSE/EDUCATIONAL VALUE:** THE 8<sup>TH</sup> GRADERS WILL BE VISITING THEIR FINAL HIGH SCHOOL BEFORE APPLYING TO THE VARIOUS HIGH SCHOOLS IN NKY.**SOURCE OF FUNDING FOR TRIP:** FREE*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 STUDENTS **FACULTY SPONSORS:** 2 **OTHER CHAPERONES:** 0  
**TOTAL # OF PARTICIPANTS:** 18

**MODE OF TRANSPORTATION**

- ☒ CERTIFICATED COMMON CARRIER; SPECIFY: NEWPORT INDEPENDENT SCHOOLS  
☐ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

**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 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