

School-Related Trip Request Form

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

SCHOOL DHS NAME of FACULTY SPONSOR Kyle Singleton CELL # 859-582-2254

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

DESTINATION Clarion Hotel ADDRESS: 1950 Newtown Pike, Lexington, KY

☒ Overnight ☐ Out-of-State (Board approval required for overnight and out of state trips)

Lodging Clarion Hotel Conference Center Phone 859-233-0512

Address 1950 Newtown Pike City Lexington State KY

DATE(S) OF TRIP: March 17-18 DEPARTURE TIME: 3:00 pm RETURN TIME: 4:30 pm

PURPOSE/EDUCATIONAL VALUE: Career Development Conference

NUMBER OF PARTICIPANTS

10 Students 1 Faculty Sponsors 11 Other Chaperones 11 TOTAL # of Participants

Name(s) of Adult Chaperones: Kyle Singleton

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

Health Plans Provided for Trip: School Nurse or Designee Signature

FOOD SERVICE NEEDS (Consult with cafeteria manager)

Travel Lunches Requested (List zero for none needed) _____ Cafeteria Manager Signature: _____

REQUESTED MODE OF TRANSPORTATION

☒ 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 DHS Front Lobby

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

School _____ Club or Organization: Career Associations Club

Athletics (list sport): _____ Other (specify): _____

Faculty Sponsor's Signature: Kyle Singleton Date: 2/3/2020

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

☒ Approved ☐ Not Approved Reason: _____

Principal or Designee Signature [Signature] Date 2-4-20

School Bookkeeper Signature: Cecily Thompson Munis: 0308818 0580 7320 Date: 2/3/20

(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.