

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL: HHS FACULTY MEMBER(S) SPONSORING TRIP Kim Batts

TYPE OF TRIP (CHECK ONE):
 Over 300 miles Under 300 miles Co-curricular Extracurricular
 Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable)

DESTINATION Louisville (Frankfort) ADDRESS 830 Phillip Lane PHONE (502) 367-2251

Out of State Out of County Within County Overnight: give name, address, phone of lodging
Crowne Plaza, 830 Phillips Lane, Louisville, KY

DATE(S) OF TRIP 11/18-21/2020 DEPARTURE TIME 3:30pm RETURN TIME 2:00pm

PURPOSE/EDUCATIONAL VALUE Curricular, Competition, Kentucky Youth Assembly

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
C.KG0.3

SOURCE OF FUNDING FOR TRIP Student/ KYA Account

AMOUNT OF STUDENT FEE: \$ _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER

NUMBER OF: STUDENTS 100 MALE STUDENTS 50 FEMALE STUDENTS 50

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.) CERTIFICATED COMMON CARRIER; SPECIFY _____

PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

CERTIFIED CHAPERONES Kim Batts, Jennifer Jatchez, Katelyn Selfridge

CLASSIFIED CHAPERONES TBA

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No
Have all students been notified of the rules and regulations regarding acceptable behavior? Yes No
How have they been notified? In writing

Kim Batts 6/11/20 [Signature] 11/18/20
Signature of Faculty Sponsor Date Signature of Principal Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	<u>6/18/20</u> Date
_____ Signature of Board Chair	_____ Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

Related Procedures:
09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

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SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL: HMS FACULTY MEMBER(S) SPONSORING TRIP KIM Batts

TYPE OF TRIP (CHECK ONE):
 Over 300 miles Under 300 miles Co-curricular Extracurricular
 Classroom Field Trip Organization/Club Trip Other (athletic, band, if applicable)

DESTINATION Louisville/Frankfort ADDRESS 830 Phillip Lane PHONE (502) 367-2251

Out of State Out of County Within County Overnight: give name, address, phone of lodging Crowne Plaza 830 Phillips Lane, Louisville, KY

DATE(S) OF TRIP 11/7-10/2020 DEPARTURE TIME 1:00 pm RETURN TIME 2:00 pm

PURPOSE/EDUCATIONAL VALUE Kentucky Youth Assembly, Curricular & Competitio

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
C-KGO.3

SOURCE OF FUNDING FOR TRIP KYA Account /student

AMOUNT OF STUDENT FEE: \$ 315.00

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER
NUMBER OF: STUDENTS 100 MALE STUDENTS 50 FEMALE STUDENTS 50

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO YES (SEE PROCEDURE 09.36 AP. 212.)
 CERTIFICATED COMMON CARRIER; SPECIFY _____

PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

CERTIFIED CHAPERONES Kim Batts, Jennifer Jatchez

CLASSIFIED CHAPERONES TBA

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No
acceptable behavior? Yes No
Have all students been notified of the rules and regulations regarding How have they been notified? In writing

Kim Batts
Signature of Faculty Sponsor

6/11/20
Date

[Signature]
Signature of Principal 6/11/20 Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Jawad Morris</u> Signature of Superintendent/Designee	<u>6/15/2020</u> Date
_____ Signature of Board Chair	_____ Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.	

Related Procedures:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

If allowable due to Covid-19