This form is to be used by the staff when requesting permission to take a field trip. The completed form is to be submitted to the Superintendent one (1) week in advance of the next scheduled meeting of the Board. Complete pertinent information on next page.

Destination Kentucky Legends 2A Championships	?A Championships				
Date(s) of Trip	Time of Departury	10:30 AM	*Time of Return	4/24/21	
Approximate Mileage (one way)	100	ļ			
Approximate Number of Students	20	Approximate Number of Adults	of Adults	4	
Number of Buses Required	1 Method of Tra	Method of Transportation (if not school bus)			
Will you stop for lunch? YES	NO If "YES"	If "YES", where:			
TEACHER IS R	TEACHER IS RESPONSIBLE FOR NOTIFYING CAFETERIA OF DETAILED LUNCH PLA	FYING CAFETERIA OF D	ETAILED LUNCH PLAN		
Number of Instructional Days lost 0 Institution: What is to be formed	O lustification: What is to be				

Number of Instructional Days lost0 Justification: What is to be learned
Names of chaperones (if applicable) Jimmy Schmidt, Olivia DeZam and Don Pltts

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?

### TRIP INFORMATION Method of Payment \$ \$ \$95.00 Student Payment \$ \$ \$320.00 School Activity Acct \$ \$ \$200.00 Athletic Boosters \$ \$ \$815.00 Band Boosters \$		sion	Hotel	Driver (estimate)		Financial Costs	
hod of Payment lent Payment conl Activity Acct etic Boosters 1 Boosters	\$ \$815.00	\$ 200.00	\$ \$200.00	\$ \$320.00	\$ \$95.00		TRIP IN
		Band Boosters	Athletic Boosters	School Activity Acct	Student Payment	Method of Payment	IFORMATION
		8					

Superintendent approval is required for all field trips over 65 miles one (1) way.
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*On school days, the return time should not exceed 2:00 p.m.