

School-Related Student Trip Request Form

## INSTRUCTIONS

1. Requests for trips (athletic events, conferences, field trips, etc....) must be submitted 3 weeks prior to trip.
2. Requests for **overnight** or **out-of-state** trips must be submitted 6 weeks prior to trip.
3. Please attach a tentative transportation itinerary, including any planned stops.
4. If overnight trip, attach name, address and phone number of lodging.

SCHOOL ACSHS FACULTY MEMBER IN CHARGE Stamper

## TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify \_\_\_\_\_

Class Trip (i.e. junior, senior), specify \_\_\_\_\_

Other (Athletic, etc...) specify, GOLF

DESTINATION University Club of KY ADDRESS 4850 LEESTOWN RD PHONE \_\_\_\_\_

Out of State

Out of County

Within County

Overnight

DATE(S) OF TRIP 9/17 - 9/20 TIME YOU PLAN TO DEPART FROM SCHOOL 10:00 a.m. (9/17)

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 6:00 pm (9/20)

PURPOSE/EDUCATIONAL VALUE KYGCA ALL-STATE Championship & KY 2A STATE Championship

BILL TRIP EXPENSES TO: \_\_\_\_\_

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

NUMBER OF: Students 1 Faculty Sponsors 1 Other Chaperones \_\_\_\_\_  
Total # of Participants (Riders) 2

## MODE OF TRANSPORTATION

Is District Transportation Needed? No Yes, see Procedure 09.36 AP.212

Certificated Common Carrier (i.e. Charter Bus), specify company \_\_\_\_\_

Private Vehicle, if allowed by policy; specify driver(s) \_\_\_\_\_

Any special transportation needs? (e.g. under storage compartments for luggage, etc...) \_\_\_\_\_

*District  
Vehicle  
per Board  
CARTER*

## 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]  
Signature of Faculty Sponsor

9/14/21

Date

Trip has been approved disapproved, reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

9/15/21

Date

For overnight and/or out of state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

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SCHOOL ACHS FACULTY MEMBER IN CHARGE Ang Williams  
 TYPE OF TRIP (CHECK ONE):

Classroom Field Trip      Organization/Club Trip, specify \_\_\_\_\_

Class Trip (i.e. junior, senior), specify \_\_\_\_\_ Other (Athletic, etc...) specify Girls Golf

DESTINATION: Owensboro, Ky ADDRESS 400 E Byers Ave PHONE 270-683-6285

Out of State

Out of County

Within County

Overnight

DATE(S) OF TRIP 9/19 + 9/20 TIME YOU PLAN TO DEPART FROM SCHOOL 8 AM

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 7 PM

PURPOSE/EDUCATIONAL VALUE 2A Championship State

BILL TRIP EXPENSES TO: \_\_\_\_\_

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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

NUMBER OF: Students 1 Faculty Sponsors 1 Other Chaperones \_\_\_\_\_  
 Total # of Participants (Riders) \_\_\_\_\_

## MODE OF TRANSPORTATION

Is District Transportation Needed? No Yes, see Procedure 09.36 AP.212

Certificated Common Carrier (i.e. Charter Bus), specify company \_\_\_\_\_

Private Vehicle, if allowed by policy; specify driver(s) Parent Transport

Any special transportation needs? (e.g. under storage compartments for luggage, etc...) \_\_\_\_\_

## 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

9/15/21  
Date

Trip has been approved disapproved, reason for disapproval \_\_\_\_\_

Signature of Superintendent/Designee

9/15/21  
Date

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