

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 Chelly Taylor-Stamps

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify Student Y Trip to KYA
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____

DESTINATION: Crowne Plaza Airport ADDRESS Phillips Ln, Louisville, KY PHONE 502-367-2251
 Out of State Out of County Within County Overnight

DATE(S) OF TRIP 11/21-23, 2021 TIME YOU PLAN TO DEPART FROM SCHOOL 9:30 am

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 3:00 pm

PURPOSE/EDUCATIONAL VALUE Kentucky Youth Assembly - Mock Govt.

BILL TRIP EXPENSES TO: Student Y (formerly Co-Ed-4)

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 20 Faculty Sponsors 3 Other Chaperones _____
 Total # of Participants (Riders) 23

MODE OF TRANSPORTATION

Is District Transportation Needed? No Yes, see Procedure 09.36 AP.212 Driver: Todd Stamps
 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...) _____

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

Chelly Taylor-Stamps
 Signature of Faculty Sponsor

9-23-21
 Date

Trip has been approved disapproved, reason for disapproval _____

9/23/21
 Signature of Superintendent/Designee

_____ Date

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