FIELD TRIP REQUEST FORM

Name of School:	Ryle High	School		
Date of Field Trip: _	11/19/2021 to	11/26/21		
Days of School Miss	sed:			
Location of Field Tr	Football Sta	ate Games		
Grade Level and Nu	mber of Students Attending	9-12		
Number of Chaperon	nes Attending:	6		
What form of transportation will be used?* Be Specific. Common Carrier				
Have field trip rules been explained to the students and chaperones? Are there students being denied the right to attend due to finances? Does this trip comply with Title IX equity issues? YES NO Y YES NO Y				
Brief Description (Be specific regarding educational purpose): Courier bus in preperation of possible State Football Games				
Please check the app	propriate box:			
	for 1 (one) day trips using RINCIPAL APPROVAL			TRICT
To be used for overnight trips, trips of more than one instructional day and Co-curricular/ Extracurricular trips. TO BE APPROVED BY THE ASSISTANT SUPERINTENDENT.				
	I for trips taken by common		N.	
SUPERINTENDER NEXT BOARD MI	11111			
Sponsor Signature:	KOCK.			1 -1 1
Principal Signature:			Date Approved:	22/28
DISTRICT OFF	ICE USE ONLY			
Approved by:		**************************************	Date:	
* Drivers of private automobiles need to complete the Auto Insurance Affidavit Form.				
	Email	Print	Reset	

Please print this form and email to mailto:tammy.jump@boone.kyschools.us