

GARRARD COUNTY BOARD OF EDUCATION  
Request for Educational and Extra-Curricular Trip  
(To be submitted 30 days prior to scheduled trip)

School GCHS Department or Grade FCS

Date of request 1/5/22 Requested By Emily Arnold, Emily Isaacs

Name of Certified person accompanying students Emily Arnold, Emily Isaacs

Is an Administrator or Supervisor accompanying this group? Yes ☐ No ☒ Name: \_\_\_\_\_

Two-way communications (phone or radio) must be available between this group and a district administrator or supervisor. Before leaving your school campus for a trip of less than 50 miles, you must validate that a radio (normally bus driver will have radio) is available. For trips of 50 or more miles, you must secure a phone from the Central Office prior to leaving school grounds. Additional radios are also available at the Central Office.

Is two way communication available?

Yes ☒ No ☐

859 339 1473 - Arnold

859 358 6394 Isaacs

Purpose of trip (09.36 AP.) – attach sheet

Expect benefits of trip (09.36 AP.1) –attach sheet in reference to #2 and submit with this form – Evaluation after trip per (09.36 AP.1)

Date of Trip 3/23-3/25/22 Destination Gault House, Louisville KY

Is a bus needed no Is a driver needed no Driver paid by Board of Education (added to regular check)

Time of return 3:00 pm 3/25 Board to be reimbursed? Yes ☒ No ☐ By whom Perkins

If your recorded time of return cannot be met, you should notify an Administrator as soon as you become aware of that fact.

Principal's approval mech Board approval \_\_\_\_\_ Superintendent's approval \_\_\_\_\_

Two lists of all persons on a bus will be prepared. One list will be submitted to all school office and the other will be given to the driver of the bus. Written approval for all students is in the possession of the Principal except as stated in 09.36 AP.2 and 09.36 AP.3.

\_\_\_\_ Approved as submitted

\_\_\_\_ Disapproved for the following reason \_\_\_\_\_

Name of driver \_\_\_\_\_ Bus number \_\_\_\_\_

Departure mileage \_\_\_\_\_ Start Drive Time: From \_\_\_\_\_ to \_\_\_\_\_

Return Mileage \_\_\_\_\_ Wait Time: From \_\_\_\_\_ to \_\_\_\_\_

Total miles traveled \_\_\_\_\_ Return Drive Time: From \_\_\_\_\_ to \_\_\_\_\_

\*Number of Students Transported \_\_\_\_\_ TOTAL DRIVE TIME \_\_\_\_\_ HOURS

\*Number of Adults Transported \_\_\_\_\_ TOTAL WAIT TIME \_\_\_\_\_ HOURS

Approved for payment by \_\_\_\_\_

Driver's signature \_\_\_\_\_

CONFERENCE ATTENDANCE  
APPLICATION FORM

Submitted Date: 1/5/22

TO: Mr. Kevin Stull, SUPERINTENDENT  
Garrard County Board of Education

I hereby request permission to be absent for my school duties in order that I may attend the following meeting or conference:

Date of Conference: 3/23 - 3/25

Location of Conference: Louisville, KY

Purpose:

(A) Staff Development \_\_\_\_\_ How? \_\_\_\_\_

(B) Position Requirement \* How? Students compete in  
FCCLA events.

Does this request directly relate to the Comprehensive School/District Improvement Plan? yes

How? Student achievement and leadership skills.

Sponsoring Agency FCCLA

Expenses Involved Travel, Food, registration, room \$ \_\_\_\_\_

Will the Board be billed directly for registration and/or lodging? no If yes, please attach a Request to Purchase along with your conference form to obtain a Purchase Order Number.

Will you pay for the expenses and request reimbursement? yes

Will another employee attend this activity? yes If yes, did you share transportation? ~~yes~~ No

If did not share, why? Not enough room in one vehicle.

\*\*\*\*\* (Must be completed to get approval for conference attendance) \*\*\*\*\*

Expenses Paid By: Perkins

Fund Account #: ~~0894~~ 0894

Substitute Needed: Yes ✓ NO \_\_\_\_\_

Employee Name: Emily Isaacs

School/Location: GCHS

Approved: [Signature] Date: 1/10/22  
(School Principal/Supervisor)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Superintendent)

CONFERENCE ATTENDANCE  
APPLICATION FORM

Submitted Date: 1/5/22

TO: Mr. Kevin Stull, SUPERINTENDENT  
Garrard County Board of Education

I hereby request permission to be absent for my school duties in order that I may attend the following meeting or conference:

Date of Conference: 3/23-3/25/2022

Location of Conference: Louisville KY Call House

Purpose:

(A) Staff Development \_\_\_\_\_ How? \_\_\_\_\_

(B) Position Requirement ☒ How? Students compete in FCCLA events

Does this request directly relate to the Comprehensive School/District Improvement Plan? yes

How? Student achievement, leadership skills

Sponsoring Agency FCCLA

Expenses Involved travel, food, registration, room \$

Will the Board be billed directly for registration and/or lodging? NO If yes, please attach a Request to Purchase along with your conference form to obtain a Purchase Order Number.

Will you pay for the expenses and request reimbursement? yes

Will another employee attend this activity? yes If yes, did you share transportation? NO

If did not share, why? not enough room in 1 vehicle  
need more room in vehicle for STAR event  
\*\*\*\*\* (Must be completed to get approval for conference attendance) \*\*\*\*\*

Expenses Paid By: Person

Fund Account #: ~~0894~~ 0894

Substitute Needed: Yes ☒ NO \_\_\_\_\_

Employee Name: Emily Arnold

School/Location: GCHS

Approved: [Signature] Date: 1-10-22  
(School Principal/Supervisor)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Superintendent)