

School-Related Student Trip Request FormBoard Agenda
09:36 AP.21

May 2022

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 Melissa Turner
Verna Williams, Pat Witcher
 TYPE OF TRIP (CHECK ONE):
 Classroom Field Trip Organization/Club Trip, specify Allen Co. Special Olympics
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc....) specify, State Olympics
 DESTINATION: EKU ADDRESS 521 Lancaster Ave PHONE _____
 Out of State ☒ Out of County ☒ Within County ☐ Richard Key 404/75
 DATE(S) OF TRIP 6-3, 6-4 TIME YOU PLAN TO DEPART FROM SCHOOL 9:30 AM
 APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 6-4 TBD
 PURPOSE/EDUCATIONAL VALUE State Special Olympics
 BILL TRIP EXPENSES TO: Allen County BOE

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 15 Other Chaperones _____
 Total # of Participants (Riders) 35

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....) _____

Under Storage Compartments

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 ☐

Melissa Turner
 Signature of Faculty Sponsor

Requires Travis Hamby
 BOE
 APPROVAL

4/22/22
 Date

Trip has been ☒ approved ☐ disapproved, reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

ms 4-25-22
 Date

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

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.
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SCHOOL ACCTC FACULTY MEMBER IN CHARGE Mrs. Bean

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify FBLA
Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify _____DESTINATION: FFA Training Center ADDRESS 111 FFA Camp Road PHONE (270) 756-2301
Hardinsburg, KyOut of State Out of County Within County 40143 OvernightDATE(S) OF TRIP 6/7 to 6/9, 2022 TIME YOU PLAN TO DEPART FROM SCHOOL 6/7 9:00 AMAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 6/9 3:00 PMPURPOSE/EDUCATIONAL VALUE FBLA Officer Training CampBILL TRIP EXPENSES TO: FBLA

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 7 Faculty Sponsors 2 Other Chaperones _____
Total # of Participants (Riders) 9

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...) _____

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 NoMrs. Monica Bean
Mrs. Candace LeeMonica Bean
Signature of Faculty Sponsor4/18/22
DateTrip has been approved disapproved, reason for disapproval _____Ch-U
Signature of Superintendent/Designee4-19-22
Date

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School-Related Student Trip Request Form

INSTRUCTIONS

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2. Requests for **overnight** or **out-of-state** trips must be submitted **6 weeks** prior to trip.
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SCHOOL Allen County - Scottsville HS. FACULTY MEMBER IN CHARGE LTC David Walker

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify JROTC Summer Camp
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____

DESTINATION: Wendell H. Ford Training Center ADDRESS 4675 ST-1040 Greenville, KY PHONE (502)-607-7218
~~Out of State~~ Out of County Within County 42345 Overnight 270-237-0681

DATE(S) OF TRIP 2-6 June 2022 TIME YOU PLAN TO DEPART FROM SCHOOL 1PM (1300)

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 6 June - 1500 (3pm)

PURPOSE/EDUCATIONAL VALUE Summer Camp

BILL TRIP EXPENSES TO: Bus only - LTC Walker Driver (JROTC)

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 12 Faculty Sponsors 1 Other Chaperones _____
 Total # of Participants (Riders) 12 + 1

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...) _____

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

Sgt Douglas W. McKinney
 Signature of Faculty Sponsor

14 April 2022
 Date

Trip has been approved disapproved, reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

4-18-22
 Date

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School-Related Student Trip Request Form

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SCHOOL ACSHS FACULTY MEMBER IN CHARGE Casey Napier

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify

Class Trip (i.e. junior, senior), specify Other (Athletic, etc...) specify, Basketball CampDESTINATION: Portland High School ADDRESS 600 College St. Portland, TN PHONE 615-325-9201Out of State

Out of County

Within County

Overnight

DATE(S) OF TRIP June 13th & 20th TIME YOU PLAN TO DEPART FROM SCHOOL TBDAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBDPURPOSE/EDUCATIONAL VALUE Basketball Games

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 30 Faculty Sponsors 3 Other Chaperones _____
 Total # of Participants (Riders) 33

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...) Storage

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

Casey Napier
 Signature of Faculty Sponsor

4-26-22
 Date

Trip has been approved disapproved, reason for disapproval _____

[Signature]

Signature of Superintendent/Designee

5-9-22

Date

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

School-Related Student Trip Request Form

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SCHOOL ACSHS FACULTY MEMBER IN CHARGE Casey Napier

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify

Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, Basketball CampDESTINATION: Transylvania Univ. ADDRESS 300 N Broadway, Lexington, Ky PHONE 859-233-8300

Out of State

Out of County

Within County

OvernightDATE(S) OF TRIP June 5th - 7th TIME YOU PLAN TO DEPART FROM SCHOOL TBDAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBDPURPOSE/EDUCATIONAL VALUE Basketball Games

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 18 Faculty Sponsors 3 Other Chaperones _____
 Total # of Participants (Riders) 21

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...) Storage

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

Casey Napier
 Signature of Faculty Sponsor

4-26-22
 Date
Trip has been approved disapproved, reason for disapproval _____


Signature of Superintendent/Designee

5-9-22

Date

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4. If overnight trip, attach name, address and phone number of lodging.

SCHOOL ACSHS FACULTY MEMBER IN CHARGE Casey Napier

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify _____
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, Basketball Games

DESTINATION: Gallatin High School ADDRESS 700 Dan P. Herron Dr. PHONE 615-452-2621
Out of State Out of County Within County Gallatin, TN Overnight

DATE(S) OF TRIP June 15th + 16th TIME YOU PLAN TO DEPART FROM SCHOOL TBD

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBD

PURPOSE/EDUCATIONAL VALUE Basketball Games

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 30 Faculty Sponsors 3 Other Chaperones _____
 Total # of Participants (Riders) 33

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...) Storage

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

Casey Napier 4-26-22
 Signature of Faculty Sponsor Date

Trip has been approved disapproved, reason for disapproval _____

[Signature] 5-9-22
 Signature of Superintendent/Designee Date

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