

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Shannon Hansman

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify KSA Reward
- Organization/Club Trip, specify _____
- Other (athletic, band, if applicable) _____

DESTINATION Regal Cinema ADDRESS 103 Crossing Dr. PHONE 844-462-7342

- Out of State
- Out of County
- Within County Wilder, KY 41076
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/15/23 DEPARTURE TIME 12:00 RETURN TIME 2:45

PURPOSE/EDUCATIONAL VALUE Kentucky State Assessment Reward

SOURCE OF FUNDING FOR TRIP ESSER

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY Southgate School

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 12

MODE OF TRANSPORTATION

CERTIFICATED COMMON CARRIER; SPECIFY _____

PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S) Shannon Hansman
Jen Weber

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

SSA
Signature of Faculty Sponsor

3/3/23
Date

SSA
Signature of Principal

3/3/23
Date

Signature of Additional Faculty

Date

Trip has been approved disapproved. Reason for disapproval _____

Signature of Board Chairperson

Date

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