FIELD TRIP REQUEST FORM

Name of School:	Ryle H	igh Sc	choo			
Date of Field Trip:	6/26/2023	to	7/1/			
		0				
Days of School Miss	red:	Hanta	GΔ			
Location of Field Tr	ip:	liarita,	UA			
Grade Level and Nu	mber of Students A	Attending:	3-12	4		
Number of Chaperon	nes Attending;		<u> 1</u>			
What form of transp	ortation will be us	cd?* Be Spe	cific.	Airli	re	
Have field trip rules Are there students be Does this trip compl	eing denied the rig	ht to attend	and cha	perones? nánces?	YES V NO YES V NO YES V NO	
Brief Description (Be specific regarding educational purpose): FBLA National Leadership Conference						
Please check the app	propriate box:					1
To be used NEEDS POFFICE.	d for 1 (one) day to PRINCIPAL APP	ips using sc ROVAL Of	hool bus <u>NLY.</u> Pl	or private a	automobile.* ND ALL FORMS TO DIS	STRICT
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.						
	d for trips taken by PPROVED BY T			DUCATIO	N.	
NOTE: FOR BOARD APPROVAL, THIS REQUEST SHOULD BE SUBMITTED TO THE SUPERINTENDENT'S OFFICE BY NOON AT LEAST (11) WORKING DAYS PRIOR TO THE NEXT BOARD MEETING. Sponsor Signature: () () () () () () () () () (
Sponsor Signature:		7-11	ss/c/ c	ige _		
Principal Signature	:	71	/ 		Date Approved:	
DISTRICT OF	TCE USE ON	$\left(\begin{array}{c} \\ \\ \end{array} \right)$				
					Date:	
Approved by:_						•
* Drivers of priv	ate automobiles r	reed to com	plete the	Auto Insu	rance Affidavit Form.	
	Email	F	Print	-	Reselver	

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

Start Over Trip Summary Review & Pay Confirmation

Trip Summary

Outbound	DL2673	CVG+ ATL		
Change Flight	Mon, Jun 26 3:55pm-5:25pm	Nonstop 1h 30m	~	
	Main			
Return Change Flight	DL932	ATL) CVG		
	Sat, Jul 1 11:10am-12:37pm	Nonstop 1h 27m	~	
	Main			

Changeable / Nonrefundable



Refundable Main Cabin