FIELD TRIP REQUEST FORM

Name of School: Boone County Rebels Youth Football Organization

Date of Field Trip: 9/2/23

Days of School Missed: N/A

Location of Field Trip: Boyle County Middle School

Grade Level and Number of Students Attending: 7th and 8th grade. 40

Number of Chaperones Attending: 4

What form of transportation will be used?\* Be Specific. Hoping for Boone County Transportation (bus)

Have field trip rules been explained to the students and chaperones? YES

Are there students being denied the right to attend due to finances? YES

Does this trip comply with Title IX equity issues? YES

Brief Description (Be specific regarding educational purpose):

Our 7th and 8th grade organization has a football game versus Boyle County Middle School in Boyle County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the appropriate box:

 To be used for 1 (one) day trips using school bus or private automobile.\*

 **NEEDS PRINCIPAL APPROVAL ONLY.** PLEASE SEND ALL FORMS TO DISTRICT

 OFFICE.

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.**

 To be used for trips taken by common carrier.

 **TO BE APPROVED BY THE BOARD OF EDUCATION.**

X

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: \_**LC Warnsley**

Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_

DISTRICT OFFICE USE ONLY

#### Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**\* Drivers of private automobiles need to complete the Auto Insurance Affidavit Form.**