

School-Related Student Trip Request Form

09.36 AP.21

Done

## 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. Overnight and Out of State trips must be board approved.
4. If overnight trip, attach name, address and phone number of lodging, and a transportation itinerary, including any planned stops.

SCHOOL JEBMS FACULTY MEMBER IN CHARGE CHRIS CARTER

## TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☒ Organization/Club/Class/Athletic Trip (specify) Baseball
☐ Itinerary Attached ☐ Itinerary to follow ☒ No planned stops
DESTINATION: Portland Tn. ADDRESS 100 College St. PHONE \_\_\_\_\_
☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight
DATE(S) OF TRIP 5-14-24 TIME YOU PLAN TO DEPART FROM SCHOOL 4:15 PMAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 9:00 PMPURPOSE/EDUCATIONAL VALUE Baseball GameBILL TRIP EXPENSES TO: Middle School Baseball

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 1 Other Chaperones 4  
 Total # of Participants (Riders) 25

## 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 Yes No

Signature of Faculty Sponsor

5-13-24

Date

Trip has been approved disapproved, reason for disapproval \_\_\_\_\_

Signature of Superintendent/Designee

5/10/24

Date

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

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## 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. Overnight and Out of State trips must be board approved.
4. If overnight trip, attach name, address and phone number of lodging, and a transportation itinerary, including any planned stops.

SCHOOL JEBMSFACULTY MEMBER IN CHARGE Cindy Brown

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☒ Organization/Club/Class/Athletic Trip (specify) State Special Olympic  
☐ Itinerary Attached ☒ Itinerary to follow ☐ No planned stops

DESTINATION: EKV Richmond KY ADDRESS 521 Lancaster Ave Richmond KY PHONE 859-622-1000

☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight

DATE(S) OF TRIP 5-31-6-2 TIME YOU PLAN TO DEPART FROM SCHOOL TBD

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL June 2, 2024

PURPOSE/EDUCATIONAL VALUE

BILL TRIP EXPENSES TO: Board Pay Trip

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 \_\_\_\_\_ Faculty Sponsors \_\_\_\_\_ Other Chaperones \_\_\_\_\_  
 Total # of Participants (Riders) 30

## 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

Cindy Brown

Signature of Faculty Sponsor

April 18, 2024

Date

Trip has been approved disapproved, reason for disapproval \_\_\_\_\_

Shelly Cole

Signature of Superintendent/Designee

4-18-24

Date

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