41 '

Extended Field Trip Request & Forms

(In excess of 150 Miles, Overnight, Out-of-State or use by Common Carrier)

This form must be completed and sent to the Superintendent in time to be placed on the agenda of the Powell County Board of Education prior to the planned trip date. Safety and liability issues, as well as the availability of substitute teachers (where applicable) are all areas of Board responsibility.

ALL ITEMS MUST BE COMPLETED FOR TRIP TO BE CONSIDERED.

| ORGANIZATION OR GROUP VOIL PURCH | Estimated # OF STUDENTS ELIGIBLE FOR TRIP 80 Male Female 80 Estimated # OF STUDENTS PARTICIPATING 21 Male Female 21 |
|--|--|
| SPONSOR'S NAME JAZMEN TOOPPE MALE CHAPERONES FEMALE CHAPERONES LOCATION(S): Morehead State University CITY/STATE: Morehead, KY | ersity |
| For out of state trips, please check here if medical ass required for any students on trip. School nurse MUST be | |
| e de la companya della companya della companya della companya de la companya della companya dell | |
| TRANSPORTATION PROVISIONS: Powell County Public School bus | |
| Commercial Travel; Insurance Coverage Provided by Trav Why is a Commercial Carrier being used in lieu of a Powe | |
| and all the control of the control | otification, driver notification.) CHED (Note: District Transportation Must Be Offered) , Rental Company |

Extended Field Trip Request & Forms

| Meals/Lodging/Transportation Meals/Lodging/Transportation Meals/Lodging/Transportation Meals/Lodging/Transportation Meals/Lodging | | | x = x + y , $y = y + y$. | COST OF TRIP | 1111 | |
|---|-------|-------|--|--|--|--------------|
| **TOTAL COST How Expenses of Trip Are to Be Paid \$ 400 \$ 4 | | | Estimated Total Cost of | <u> Frip</u> | | |
| **TOTAL COST How Expenses of Trip Are to Be Paid \$ 100 School or District Amount From Account 413 Source \$ School or District Amount From Account 413 Source \$ Association or Parent Group (Specify) \$ Trevisions must be made for students who are unable to pay their share for any trip made during the instructional day. **TOTAL PAYMENT MUST MATCH TOTAL COST ABOVE** PLEASE CHECK TO INDICATE THE FOLLOWING ITEMS HAVE BEEN ADDRESSED: Field Trip Policy & Procedures & Forms Have Been Reviewed Yes No List of Students Participating Attached Yes No Cost of Trip Completed Yes No Complete Itinerary of the Trip Attached (if instructional in nature) PRIOR to trip, sponsor will ensure completion All Chaperones are on the Approved Volunteer List & Approved by Principal All Chaperones completed (Mark whether teacher, parent, etc.) Yes No Field Trip Policy & Procedures have been reviewed by all chaperones on trip Yes No Field Trip Policy & Procedures have been reviewed by all chaperones on trip Yes No List of Chaperones completed (Mark whether teacher, parent, etc.) Yes No Field Trip Policy & Procedures have been reviewed by all chaperones on trip Yes No Per Kentucky regulations, all trip forms/signatures shall be retained at school for five (5) years. I accept the responsibility of seeing that the above event is represented accurately and shall be carried out in accordance with Board Policies, Administrative Procedures, and saly applicable school council policies. | : | 1.00 | \$ 5,485 | | er eni | |
| **TOTAL COST How Expenses of Trip Are to Be Paid \$ '#*O* School or District Amount From Account 415 Source \$ Association or Parent Group (Society) \$ Student's Share (Individual Amount \$ 235 Previsions must be made for students who are unable to pay thet share for any trip made during the instructional day. **TOTAL PAYMENT MUST MATCH TOTAL COST ABOVE** PLEASE CHECK TO INDICATE THE FOLLOWING ITEMS HAVE BEEN ADDRESSED: Field Trip Policy & Procedures & Forms Have Been Reviewed Yes No List of Students Participating Attached Yes No Cost of Trip Completed Yes No Complete Itinerary of the Trip Attached Yes No Educational Plan for the Trip Attached (if instructional in nature) Yes No PRIOR to trip. sponsor will ensure completion All Chaperones are on the Approved Volunteer List & Approved by Principal Yes No Field Trip Policy & Procedures have been reviewed by all chaperones on trip Yes No Field Trip Policy & Procedures have been reviewed by all chaperones on trip Yes No Field Trip Policy & Procedures have been reviewed by all chaperones on trip Yes No Per Kentucky regulations, all trip forms/signatures shall be retained at school for five (5) years. I accept the responsibility of seeing that the above event is represented accurately and shall be carried out in accordance with Board Policies, Administrative Procedures, and saly upflicable school council policies. | 1000 | . 1 | the state of the s | | | |
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| How Expenses of Trip Are to Be Paid School or District Amount From Count 1/3 Source | | | 1 | Additional Expenses (Specify) | kum ree | |
| School or District Amount From Account 413 Source Association or Parent Group (Specify) Student's Share (Individual Amount \$235 Provisions must be made for students who are unable to pay thet share for any trip made during the instructional day. **Terms of the student fee waiver policy apply to all trips that are schedules within the instructional day. ***TOTAL PAYMENT MUST MATCH TOTAL COST ABOVE** PLEASE CHECK TO INDICATE THE FOLLOWING ITEMS HAVE BEEN ADDRESSED: Field Trip Policy & Procedures & Forms Have Been Reviewed Yes No List of Students Participating Attached Yes No Cost of Trip Completed Yes No Complete Itinerary of the Trip Attached Yes No Educational Plan for the Trip Attached (if instructional in nature) Yes No PRIOR to trip, sponsor will ensure completion All Chaperones are on the Approved Volunteer List & Approved by Principal Yes No List of Chaperones completed (Mark whether teacher, parent, etc.) Yes No Field Trip Policy & Procedures have been reviewed by all chaperones on trip Yes No Per Kentucky regulations, all trip forms/signatures shall be retained at school for five (5) years. I accept the responsibility of seeing that the above event is represented accurately and shall be carried out in accordance with Board Policies, Administrative Procedures, and any applicable school council policies. | 1.1. | . 178 | | | | |
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| January 2001 5/29/14 | | | | | | |
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| | | ()() | MMUM Down. | | スタン | 5/29/14 |
| Signature: Trip Sponsor Date Signature: Principal Approval Date | | Ü | Signature: Trip Sponsor | Date Signiture: Frinci | pal Approval | Date |

| Student Athlete | |
|---------------------|------------------|
| | chaperone |
| Haley Neal | Jazmen Thorpe |
| Gracie Pelfrey | Chelsea Townsend |
| Kenzie Flinchum | Kellee Knox |
| Maddie Hensley | |
| Danica Helton | |
| Kylee Howard | |
| Brooklyn Whitehead | |
| Zoey Robinson | |
| Chloe Smith | |
| Josie McClure | |
| Eliie Billings | |
| Emma Rison | |
| Peyton Jeffereson | |
| Kherington Reynolds | |
| Sammi Collier | |
| Kaylen Jones | |
| Kayden Banks | |
| Raelynn Turner | |
| Makayla Johnson | |
| Emma Rice | |

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Review/Revised:11/21/2023

Extended Field Trip Request & Forms

ADULT SPONSOR/CHAPERONE ACKNOWLEDGEMENT FORM

POWELL COUNTY SCHOOL DISTRICT EXTENDED/OVERNIGHT FIELD TRIPS

| DATE: 5/29/24 |
|--|
| TRIP: PCHS Volleyball Camp |
| SCHOOL and GROUP: PCHS Volley ball |
| SUPERVISING STAFF MEMBER: Jazmen Thorpe |
| I, Kelle Khox , hereby provide that I will be sponsoring/chaperoning a Powell County School trip. I understand that all Powell County Board of Education Policies and Procedures will be applicable on this trip and my strict adherence is necessary as I will be held responsible for violation of any and all policies and procedures regulating by sponsorship, chaperoning and/or conduct. I acknowledge that I am aware of all Powell County field trip policies and procedures for chaperone expectations related to student trips. |
| Further, it is my understanding the Powell County School District code of conduct shall always be applicable on school trips, and I will uphold the code of conduct as I would be expected to do on school property. |
| I acknowledge that no verbal waiver will release me from my obligations to abide and adhere to both the Powell County Board of Education Policies and Procedures or the Powell County School District code of conduct and that I may be held responsible for violations of either directive as if such occurred on school property. |
| Check All That Apply |
| ☐ 25 or Older on Date of Trip ☐ Powell Schools Employee ☐ Parent/Legal Guardian of Student ☐ On the Current Powell Co. Volunteer Approved List |
| Understand school/health information related to students is confidential/ Vellee Vest Chaperone Name (Print) Chaperone (Signature) |
| Keep all applicable forms and signatures related to trip on file at school for five (5) years. |
| RELATED PROCEDURES: |
| 09 36 AP 211 09 36 AP 212 09 36 AP 23 |

Review/Revised:11/21/2023

Extended Field Trip Request & Forms

ADULT SPONSOR/CHAPERONE ACKNOWLEDGEMENT FORM

POWELL COUNTY SCHOOL DISTRICT EXTENDED/OVERNIGHT FIELD TRIPS

| DATE: 5/29/24 |
|---|
| TRIP: PCHS Vollegball Camp |
| SCHOOL and GROUP: PCHS Volleyball |
| SUPERVISING STAFF MEMBER: Jazmen Thorpe |
| I, Chelsen Townsend, hereby provide that I will be sponsoring/chaperoning a Powell County School trip. I understand that all Powell County Board of Education Policies and Procedures will be applicable on this trip and my strict adherence is necessary as I will be held responsible for violation of any and all policies and procedures regulating by sponsorship, chaperoning and/or conduct. I acknowledge that I am aware of all Powell County field trip policies and procedures for chaperone expectations related to student trips. |
| Further, it is my understanding the Powell County School District code of conduct shall always be applicable on school trips, and I will uphold the code of conduct as I would be expected to do on school property. |
| I acknowledge that no verbal waiver will release me from my obligations to abide and adhere to both the Powell County Board of Education Policies and Procedures or the Powell County School District code of conduct and that I may be held responsible for violations of either directive as if such occurred on school property. |
| Check All That Apply |
| ☐ 25 or Older on Date of Trip ☐ Powell Schools Employee ☐ Parent/Legal Guardian of Student ☐ On the Current Powell Co. Volunteer Approved List |
| Understand school/health information related to students is confidential |
| Chelsen Townsend Chelsen 2 |
| Chaperone Name (Print) Chaperone (Signature) |
| Keep all applicable forms and signatures related to trip on file at school for five (5) years. |
| RELATED PROCEDURES: |
| NU 46 A 0 7 1 1 NU 46 A 0 7 17 NU 46 A 0 74 |



Extended Field Trip Request & Forms

ADULT SPONSOR/CHAPERONE ACKNOWLEDGEMENT FORM

POWELL COUNTY SCHOOL DISTRICT EXTENDED/OVERNIGHT FIELD TRIPS

| DATE: 5/29/24 |
|--|
| TRIP: Girls Volleyball Camp |
| SCHOOL and GROUP: PCHS Volleyball SUPERVISING STAFF MEMBER: Jazmen Thorpe |
| SUPERVISING STAFF MEMBER: Jazmen Thorpe |
| I, <u>Jarmen Thorpe</u> , hereby provide that I will be sponsoring/chaperoning a Powell County School trip. I understand that all Powell County Board of Education Policies and Procedures will be applicable on this trip and my strict adherence is necessary as I will be held responsible for violation of any and all policies and procedures regulating by sponsorship, chaperoning and/or conduct. I acknowledge that I am aware of all Powell County field trip policies and procedures for chaperone expectations related to student trips. |
| Further, it is my understanding the Powell County School District code of conduct shall always be applicable on school trips, and I will uphold the code of conduct as I would be expected to do or school property. |
| I acknowledge that no verbal waiver will release me from my obligations to abide and adhere to both the Powell County Board of Education Policies and Procedures or the Powell County School District code of conduct and that I may be held responsible for violations of either directive as if such occurred on school property. |
| Check All That Apply |
| ☐ 25 or Older on Date of Trip ☐ Powell Schools Employee ☐ Parent/Legal Guardian of Student ☐ On the Current Powell Co. Volunteer Approved List |
| Understand school/health information related to students is confidential. |
| Chaperone Name (Print) Chaperone (Signature) |
| Keep all applicable forms and signatures related to trip on file at school for five (5) years. |
| RELATED PROCEDURES: |
| 09.36 AP.211, 09.36 AP.212, 09.36 AP.23 |
| Review/Revised:11/21/2023 |

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