STUDENTS 09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.
A SEATING CHART FOR ALL TRIPS MUST BE SUBMITTED TO THE PRINCIPAL PRIOR TO THE TRIP.

SCHOOL MCHS FACULTY MEMBER(S) SPONSORING TRIP Adam Atkins

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

☒ Organization/Club Trip, specify JAG ☐ Other (athletic, band, if applicable) ___

DESTINATION Washington, D.C. ADDRESS 400 New Jersey Ave PHONE 202-737-1234
Washington, DC 20001

☒ Out of State ☐ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging Hyatt Regency Washington on Capitol Hill
400 New Jersey Avenue, NW Washington DC 20001

DATE(S) OF TRIP 12/4/24 – 12/8/24 DEPARTURE TIME 8:00AM RETURN TIME 9:00PM

PURPOSE/EDUCATIONAL VALUE JAG National Training - Training State officers
Carter is running VP. of KY.

SOURCE OF FUNDING FOR TRIP JAG KY & Student

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☒ BOARD ☐ OTHER, SPECIFY Carter trip will be reimbursed/she will be paid by board.

NUMBER OF: STUDENTS 1 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 2

FOOD SERVICE: ARE MEALS TO BE PROVIDED BY FOOD SERVICE?

☒ NO ☐ YES, # OF STUDENTS _____ - COMPLETE PAGE 2 AND SUBMIT 2 WEEKS PRIOR TO TRIP

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212. Taking Van

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

☒ YES ☐ NO I HAVE AN EVENT-SPECIFIC EMERGENCY ACTION PLAN FOR THE TRIP SITE AND WILL DISTRIBUTE TO ALL PERSONNEL ATTENDING THE EVENT IN AN OFFICIAL CAPACITY.

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

Adam Atkins
Signature of Faculty Sponsor

09/30/24
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval: _____

Kevin Keck
Signature of Superintendent/Designee

9-30-24
Date

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