

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 J. Kash

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☒ Organization/Club Trip, specify FFA ☐ Other (athletic, band, if applicable) _____

DESTINATION Ky FFA LTC ADDRESS Hardinsburg, Ky PHONE _____

- ☐ Out of State ☒ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 11/5 - 11/7 DEPARTURE TIME 3:00 pm RETURN TIME 5:00 pmPURPOSE/EDUCATIONAL VALUE State FFA Land Judging ContestSOURCE OF FUNDING FOR TRIP FFA

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY FFANUMBER OF: STUDENTS 4 FACULTY SPONSORS 1 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 5

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.☐ 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 ☐ NoJames Kash
Signature of Faculty Sponsor10-16-24
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____[Signature]
Signature of Superintendent/Designee_____
Date

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