

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Courtney Scott

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Highland Village Apt ADDRESS 515 Main Ave PHONE _____
& Longhorn Highland Heights Ky

- ☐ Out of State ☐ Out of County ☒ Within County
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/19/2024 DEPARTURE TIME 10:15 RETURN TIME 12:30PURPOSE/EDUCATIONAL VALUE Christmas Caroling & lunch
Christmas partySOURCE OF FUNDING FOR TRIP preschool & Longhorn

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____NUMBER OF: STUDENTS ~~20~~ 23 FACULTY SPONSORS 8 OTHER CHAPERONES NA
TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

- ☒ CERTIFICATED COMMON CARRIER; SPECIFY Campbell County
☐ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

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 ☐ NoCourtney Scott
Signature of Faculty Sponsor10/28/24
DateSSA
Signature of Principal10/28/24
Date

Signature of Additional Faculty

Date

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

Signature of Board Chairperson

Date

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

Related Procedures: 09.36 AP.211, 09.36 AP.23

Review/Revised: 3/2/23