

**School-Related Student Day Trip and Overnight Trip Request Forms**

THIS FORM MUST BE SUBMITTED TO THE PRINCIPAL TWO (2) WEEKS PRIOR TO THE TRIP IF BOARD APPROVAL IS REQUIRED, THE BOARD MUST RECEIVE THE FORM AT LEAST TWO(2) WEEKS IN ADVANCE OF TRIP.

**INFORMATION**

1. Sponsor's Name Andrew Ashton Club or Dep. STLP
2. Name of all chaperones Andrew Ashton Amanda Ashton Abby Ranes
3. Where will the group be going? Rupp Arena Lexington
4. Purpose of the trip. STLP State
5. When is it to be held? Date 4/22-4/24 Departure Time 10:00  
Estimated Travel Time 3 Hrs
6. City Lexington State KY Estimated Distance (Round Trip) 400
7. Place of overnight lodging (name, address & phone #) Hyatt Lexington  
401 W High St
8. Identify students by name (Use attached sheet if necessary) STLP Students  
qualifying for State Championships
9. Cost to students \$15 Cost to school organization any extra Cost to Board \$3000
10. Describe the relevance of the trip: educational, cultural, etc./educational activities  
Educational Activities throughout STLP Event
11. Other activities planned UK Campus Visit
12. How will this trip benefit your students? Technology, College Visit
13. Type of transportation used BUS
14. Have trip permission slips been signed and are they in the possession of trip sponsor or leader?  
☒ Yes ☐ No If NO, indicate why: \_\_\_\_\_

[Signature]  
Sponsor's Signature

1-16-25  
Date

[Signature]  
Principals Signature

1/16/25  
Date

Trip has been \_\_\_ approved \_\_\_ disapproved. Reason for disapproval \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Approval Date