

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 WCHS FACULTY MEMBER(S) SPONSORING TRIP J. Kash / J. Lane

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 Indianapolis, IN ADDRESS _____ PHONE _____

☒ Out of State ☐ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging Hampton Inn - Greenfield, IN

DATE(S) OF TRIP 10/28 - 11/1 DEPARTURE TIME 7:00 am RETURN TIME 5:00 pm

PURPOSE/EDUCATIONAL VALUE National FFA Convention & Expo

SOURCE 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 FFA

NUMBER OF: STUDENTS 24 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS _____

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 ☐ No

James Kash
Signature of Faculty Sponsor

7-1-25
Date

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

Brian Reed
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.

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☒ Organization/Club Trip, specify FFA ☐ Other (athletic, band, if applicable) _____

DESTINATION Ky. Expo Center ADDRESS Louisville, Ky PHONE _____

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

DATE(S) OF TRIP 8/13 - 8/15 DEPARTURE TIME 5:00 pm RETURN TIME 7:00 pmPURPOSE/EDUCATIONAL VALUE FFA Career Development EventsSOURCE 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 16 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 18FOOD SERVICE: ARE MEALS TO BE PROVIDED BY FOOD SERVICE?
☒ NO ☐ YES, # OF STUDENTS _____ - COMPLETE PAGE 2 AND SUBMIT 2 WEEKS PRIOR TO TRIP

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Signature of Faculty Sponsor7-1-25
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____Lisa Reed

Signature of Superintendent/Designee

Date

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