STUDENTS 09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL DHS FACULTY MEMBER(S) SPONSORING TRIP DONELAN/LUKENS/RUSSELL

TYPE OF TRIP (CHECK ONE):

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

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

DESTINATION FRANKFORT ADDRESS MULTIPLE CAPITAL HOTEL PLAZA PHONE 859308852

☐ Out of State ☒ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging CAPITAL HOTEL PLAZA

DATE(S) OF TRIP 9/19 & 9/20 DEPARTURE TIME 3:15 FRI RETURN TIME TBD SAT

PURPOSE/EDUCATIONAL VALUE

Varsity volleyball tournament exposure to other teams

SOURCE OF FUNDING FOR TRIP VB GIRLS FR

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY Athletic Dept.

NUMBER OF: STUDENTS 12 FACULTY SPONSORS 3 OTHER CHAPERONES 1

TOTAL # OF PARTICIPANTS 16

MODE OF TRANSPORTATION

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

☐ CERTIFICATED COMMON CARRIER; SPECIFY DHS

☐ PRIVATE VEHICLE, IF 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 ☐ No

Barbara Lukens 7/10/2025

Signature of Faculty Sponsor *Date*

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

_____ _____

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

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 7/25/01

* SUPERVISING STAFF
EMMA DONELAN
GABBY RUSSELL
BARBIE LUKENS