School-Related Student Trip Request Form

**SCHOOL CHRISTIAN COUNTY HIGH SCHOOL FACULTY MEMBER(S) SPONSORING TRIP JAMES GREGORY
TYPE OF TRIP (CHECK ONE):**

☐ Over 300 miles   ☐ Under 300 miles   ☐ Cocurricular   ☐ Extracurricular
☐ Classroom Field Trip   ☐ Organization/Club Trip   ☒ Other (athletic, band, if applicable

**DESTINATION MURRAY STATE UNIVERSITY ADDRESS 102 CIRRUS CENTER, MURRAY, KY 42071
PHONE 1-800-272-4678**

☐ Out of State   ☒ Out of County   ☐ Within County   ☒ Overnight: give name, address, phone of
lodging Best Western 1503 N. 12th Street, Murray, KY 42071/270-753-5353

**DATE(S) OF TRIP FEBRUARY 24-26, 2011 DEPARTURE TIME 1:30PM/FEB 24, 2011 RETURN TIME
9:00PM/FEB 26, 2011**

**PURPOSE/EDUCATIONAL VALUE STUDENTS SELECTED TO PARTICIPATE IN THE QUAD STATE HONOR BAND
CLINIC**

**WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) AH-HS-
1.1.1; AH-HS-2.1.1**

SOURCE OF FUNDING FOR TRIP BOOSTER ORGANIZATION

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

BILL TRIP EXPENSES TO: ☒ **SPONSORING ORGANIZATION** ☐ **SCHOOL COUNCIL** ☐ **BOARD** ☐ **OTHER**

NUMBER OF: STUDENTS 10   MALE STUDENTS 5   FEMALE STUDENTS 5

**MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED?   ☐ NO   ☒ YES (SEE PROCEDURE 09.36
AP. 212.)** ☒ **CERTIFICATED COMMON CARRIER; SPECIFY 1-BUS WITH LUGGAGE BAYS**

☐ **PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____**

CERTIFIED CHAPERONES JAMES GREGORY

CLASSIFIED CHAPERONES N/A

Have all chaperones undergone the required records check and been designated by the principal/designee to
supervise students? ☐ Yes ☐ No   Have all students been notified of the rules and regulations regarding
acceptable behavior? ☒ Yes ☐ No   How have they been notified? Student Band Hand book

James O. Gregory   1-11-11   _____   _____
 Signature of Faculty Sponsor   Date   Signature of Principal   Date

**EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD
APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON**

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

_____   _____
 Signature of Superintendent/Designee   ***Date***

_____   _____
 Signature of Board Chair   ***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.22, 09.36 AP.23

Review/Revised: 1/15/09