STUDENTS 09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL Hopkinsville High FAC	ULTY MEMBER(S) SPONSORING TRIP Will Myers/Kelly Scheuher				
TYPE OF TRIP (CHECK ALL THAT APPLY):					
Over 300 miles Under 300 miles	☐ Co curricular ☐ Extracurricular				
Classroom Field Trip Organizati	on/Club Trip				
DESTINATION KY United Nations ADDRESS Assembly (KUNA)	S Galt House, Louisville PHONE-DESTINATION				
Out of State Out of County V	Vithin County Overnight: give name, address, phone of lodging <u>GALT HOUSE, LOUISVILLE</u>				
DATE(S) OF TRIP <u>03/24/11 - 03/26/11</u>	DEPARTURE TIME 6 a.m.* RETURN TIME 11 p.m. *				
START END	SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)				
PURPOSE/EDUCATIONAL VALUE					
WHAT STANDARD IS BEING ADDRESSED BY TAKE	NG THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)				
SOURCE OF FUNDING FOR TRIP <u>students</u>					
	DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.				
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER					
Number of: students 40 Male Stu					
_	SPORTATION NEEDED? \square NO \boxtimes YES (SEE PROCEDURE 09.36 AP. 212.)				
CERTIFICATED COMMON CARRIER;					
PRIVATE VEHICLE, IF ALLOWED BY					
Certified chaperones WILL MYERS, KELLEY SCHE					
Classified chaperones					
Have all chaperones undergone the required recor	ds check and been designated by the principal/designee to supervise students? X Yes No				
Have all students been notified of the rules and re-	gulations regarding acceptable behavior?				
How have they been notified? Student Code of Co	anduct, KUNA application, verbally				
<u> </u>					
V	V				
Faculty/Sponsor Signature	Principal Signature				
Trip has been approved disapproved. Reason for	r disapproval				
Χ					
Signature of Superintendent/Desig	n e e				
For overnight and/or out-of-state trips, approval of the Superin	ntendent and/or Board may be required by policy 09.36.				