

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP

Courtney Scott

TYPE OF TRIP (CHECK ONE):

☒ Classroom Field Trip
 ☐ Class Trip (i.e., junior, senior), specify Preschool
☐ Organization/Club Trip, specify \_\_\_\_\_
 ☐ Other (athletic, band, if applicable) \_\_\_\_\_
DESTINATION Highland Meadows ADDRESS Highland Meadow PHONE 859 781 7899
☐ Out of State
 ☐ Out of County
 ☒ Within County

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_
DATE(S) OF TRIP 12/18/25 DEPARTURE TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_PURPOSE/EDUCATIONAL VALUE Christmas caroling  
\* restaurant experienceSOURCE OF FUNDING FOR TRIP preschool

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY preschoolNUMBER OF: STUDENTS 23 FACULTY SPONSORS 7 OTHER CHAPERONES 0  
TOTAL # OF PARTICIPANTS 30

MODE OF TRANSPORTATION

☒ CERTIFICATED COMMON CARRIER; SPECIFY Campbell County☐ PRIVATE VEHICLE, AS 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 ☐ NoCourtney Scott  
Signature of Faculty Sponsor11/12/25  
Date[Signature]  
Signature of Principal11/12/25  
Date\_\_\_\_\_  
Signature of Additional Faculty\_\_\_\_\_  
DateTrip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_\_\_\_\_\_  
Signature of Board Chairperson\_\_\_\_\_  
Date

For overnight and/or out-of-state trips, approval of the Board may be required by policy 09.36.

Related Procedures: 09.36 AP.211, 09.36 AP.23

Review/Revised: 3/2/23