

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 1 Highland Meadow PHONE 859 781 7899

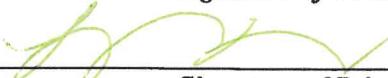
Out of State Out of County Within County
 Overnight; give name, address, phone of lodging _____

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

CERTIFIED 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 Sponsor**Signature of Principal*11/12/25*Date*11/12/25*Date**Signature of Additional Faculty**Date*Trip 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.