

STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP Lois Ellison

**TYPE OF TRIP (CHECK ONE):**

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify K-8th  
☐ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION NKU ADDRESS 1 Louie B Nunn Dr PHONE 859-572-5220

- ☐ Out of State ☐ Out of County ☒ Within County

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 11/19/25 DEPARTURE TIME 10:15 am RETURN TIME 1:30 pm

PURPOSE/EDUCATIONAL VALUE Students can experience the excitement of college athletics also emphasizing the importance of education

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY Activity Fund

NUMBER OF: STUDENTS 170 FACULTY SPONSORS 20 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS \_\_\_\_\_

**MODE OF TRANSPORTATION**

- ☒ CERTIFICATED COMMON CARRIER; SPECIFY 3 Buses  
☐ 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 ☐ No

\_\_\_\_\_  
*Signature of Faculty Sponsor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Principal*

\_\_\_\_\_  
*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.

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

**Review/Revised:** 3/2/23