

STUDENTS

**School-Related Student Day Trip and Overnight Trip Request Forms**

THIS FORM MUST BE SUBMITTED TO THE PRINCIPAL TWO (2) WEEKS PRIOR TO THE TRIP IF BOARD APPROVAL IS REQUIRED, THE BOARD MUST RECEIVE THE FORM AT LEAST TWO(2) WEEKS IN ADVANCE OF TRIP.

**INFORMATION**

- 1. Sponsor's Name Amanda Ashton Club or Dep. Beta
- 2. Name of all chaperones Ashton, Ashton
- 3. Where will the group be going? \_\_\_\_\_
- 4. Purpose of the trip. State Convention
- 5. When is it to be held? Date March 4-6 Departure Time 8 AM  
Estimated Travel Time \_\_\_\_\_
- 6. City Lexington State KY Estimated Distance (Round Trip) \_\_\_\_\_
- 7. Place of overnight lodging (name, address & phone #) Hyatt Regency Lexington  
401 W High St, Lexington, KY 40507 859 253 1284
- 8. Identify students by name (Use attached sheet if necessary) TBD
- 9. Cost to students \$100 Cost to school organization remaining Cost to Board \$3,000
- 10. Describe the relevance of the trip: educational, cultural, etc./educational activities  
competitions, leadership
- 11. Other activities planned meals
- 12. How will this trip benefit your students? leadership skills  
collaboration, competitions
- 13. Type of transportation used bus
- 14. Have trip permission slips been signed and are they in the possession of trip sponsor or leader?  
\_\_\_\_ Yes  No If NO, indicate why: signed closer to time

Amanda Ashton 1/12/26 Janae White 1/12/26  
 Sponsor's Signature Date Principals Signature Date

Trip has been \_\_\_ approved \_\_\_ disapproved. Reason for disapproval \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Signature of Superintendent/Designee Date Board Approval Date