

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) TWO WEEKS IN ADVANCE OF TRIP.

INFORMATION

1. Sponsor's Name TEOD WHITSEB Club or Dept Track n Field Indoor
2. Name of all chaperones TEOD / BRANDY E WHITSEB, KATIE ^{SYND} ~~BLANK~~

3. Where will the group be going? INDOOR STATE MEET
4. Purpose of the trip STATE COMPETITION

*If the trip is a State Competition Trip, meals will be reimbursed at a daily rate of \$40.00, and must be accompanied by receipts.

5. When is it to be held? Date 3/5/26 Departure Time 3/4/25 - 11:30
Estimated Travel Time 6 hrs

6. City Louisville State Ky Estimated Distance (Round trip) 320 miles

7. Place of overnight lodging (name, address & phone #) Hampton Inn Suites Louisville East Oxnor
400 Bullitt Lane Louisville Ky 40222 | (502) 409-4125

8. Identify students by name (use attached sheet, if necessary) MAYSA ANNE, MADAM H. P. AS,
PRINCEY STONE, ALI BULL, LONDON HIGDON

9. Cost to students --- Cost to school organization --- Cost to Board 442.41

10. Describe the relevance of the trip: educational, cultural, etc./educational activities ATHLETIC STATE MEET

11. Other activities planned DINNER

12. How will this trip benefit your students? STATE ATHLETIC COMPETITION

13. Type of transportation used PARENT TRANSPORTATION

14. Have trip permission slips been signed and are they in the possession of trip sponsor or leader?
 Yes No If NO, indicate why:

Sponsor's Signature [Signature] Date 2/26/26 Principal's Signature [Signature] Date 2/26/26

Trip has been approved disapproved. Reason for disapproval _____
Signature of Superintendent/Designee _____ Date _____ Board Approval Date _____