

School-Related Student Trip Request Form

SUBMIT THIS FORM **TWO** WEEKS PRIOR TO THE TRIP.

SCHOOL DHS FACULTY MEMBER(S) SPONSORING TRIP LUKENS / DONELAN

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ x Other (**athletic**, band, if applicable) _____

DESTINATION LEXINGTON KY ADDRESS MULTIPLE SITES (LEX SCHOOLS) **PHONE 8593088852**

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____ Airbnb – see PO and Registration _____

DATE(S) OF TRIP JULY 31ST – AUGUST 2 DEPARTURE TIME NOONISH RETURN TIME SUNDAY

PURPOSE/EDUCATIONAL VALUE PRESEASON TOURNAMENT (BLUEGRASS GAMES)

SOURCE OF FUNDING FOR TRIP GIRLS VB FUNDRAISER

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

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 12 FACULTY SPONSORS 3 OTHER CHAPERONES 1
TOTAL # OF PARTICIPANTS _____ PROBABLY 13 OR 14 BUT POSSIBLY 15

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? NO YES. SEE PROCEDURE 09.36 AP.212.

** One year we used both school vans. One year we used the van and my vehicle. One year we used the bus – housing is an issue dependent upon who is driving.

CERTIFICATED COMMON CARRIER; SPECIFY _____

PRIVATE VEHICLE, IF 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

Barbara J. Lukens – For Emma C. Donelan
Signature of Faculty Sponsor

2/27/2026
Date

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee **Date**

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

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23