

Extended Field Trip Request & Forms

COST OF TRIP

Estimated Total Cost of Trip
\$ 0

Meals/Lodging/Transportation
hotel in Williamsburg, VA
Name of Facility and City for Lodging

\$ 1,500 per kid

Additional Expenses (Specify) admission into events
****TOTAL COST**

How Expenses of Trip Are to Be Paid

\$ paid by
\$ TRAILS
\$ Congressional
Academy
Trip Sponsors

School or District Amount From 0 Source
Association or Parent Group (Specify) 0
Student's Share (Individual Amount \$ 0)
Provisions must be made for students who are unable to pay their share for any trip made during the instructional day.

Terms of the student fee waiver policy apply to all trips that are scheduled within the instructional day.

\$ 1,500 per kid

****TOTAL PAYMENT MUST MATCH TOTAL COST ABOVE****

PLEASE CHECK TO INDICATE THE FOLLOWING ITEMS HAVE BEEN ADDRESSED:

- Field Trip Policy & Procedures & Forms Have Been Reviewed Yes No
- List of Students Participating Attached students must apply and go through selection process Yes No
- Cost of Trip Completed Yes No
- Complete Itinerary of the Trip Attached unavailable at this time Yes No
- Educational Plan for the Trip Attached (if instructional in nature) Yes No

PRIOR to trip, sponsor will ensure completion

- All Chaperones are on the Approved Volunteer List & Approved by Principal Yes No
- List of Chaperones completed (Mark whether teacher, parent, etc.) Yes No
- Field Trip Policy & Procedures have been reviewed by all chaperones on trip Yes No

Per Kentucky regulations, all trip forms/signatures shall be retained at school for five (5) years.

I accept the responsibility of seeing that the above event is represented accurately and shall be carried out in accordance with Board Policies, Administrative Procedures, and any applicable school council policies.

[Signature] 2/24/26 [Signature] 2/24/26
 Signature: Trip Sponsor Date Signature: Principal Approval Date

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(In excess of 150 Miles, Overnight, Out-of-State or use by Common Carrier)

This form must be completed and sent to the Superintendent in time to be placed on the agenda of the Powell County Board of Education prior to the planned trip date. Safety and liability issues, as well as the availability of substitute teachers (where applicable) are all areas of Board responsibility.

ALL ITEMS MUST BE COMPLETED FOR TRIP TO BE CONSIDERED.

SCHOOL PCES

Estimated # OF STUDENTS ELIGIBLE FOR TRIP 250
Male 125 Female 125

ORGANIZATION OR GROUP Student Congressional Academy

Estimated # OF STUDENTS PARTICIPATING 8
Male 4 Female 4

DATE(S) OF TRIP (Including Travel) 6/7-6/13

OF SCHOOL DAYS INVOLVED 0

SPONSOR'S NAME Martine Shoemaker

MALE CHAPERONES _____ FEMALE CHAPERONES 1

LOCATION(S): Colonial Williamsburg, Monticello, Jamestown, Yorktown
CITY/STATE: Virginia

For out of state trips, please check here if medical assistance from a licensed medical professional is required for any students on trip. School nurse **MUST** be notified of trip.

Will know once students are selected

TRANSPORTATION PROVISIONS: n/a
Powell County Public School bus
Commercial Travel; Insurance Coverage Provided by Travel Firm: flight
Why is a Commercial Carrier being used in lieu of a Powell County School Bus?
expenses paid Congressional Academy sponsors
Private Travel (Review 09.36 AP.2: Restrictions, parent notification, driver notification.)
Parent Transport – WAIVER REQUESTS ATTACHED (Note: District Transportation Must Be Offered)
 Rental Vehicle – Type of vehicle van & charter bus, Rental Company unknown

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ADULT SPONSOR/CHAPERONE ACKNOWLEDGEMENT FORM

**POWELL COUNTY SCHOOL DISTRICT
EXTENDED/OVERNIGHT FIELD TRIPS**

DATE: 2/24/26

TRIP: Congressional Academy Trip

SCHOOL and GROUP: PCHS, applicants

SUPERVISING STAFF MEMBER: Martine Shoemaker

I, Martine Shoemaker, hereby provide that I will be sponsoring/chaperoning a Powell County School trip. I understand that all Powell County Board of Education Policies and Procedures will be applicable on this trip and my strict adherence is necessary as I will be held responsible for violation of any and all policies and procedures regulating by sponsorship, chaperoning and/or conduct. I acknowledge that I am aware of all Powell County field trip policies and procedures for chaperone expectations related to student trips.

Further, it is my understanding the Powell County School District code of conduct shall always be applicable on school trips, and I will uphold the code of conduct as I would be expected to do on school property.

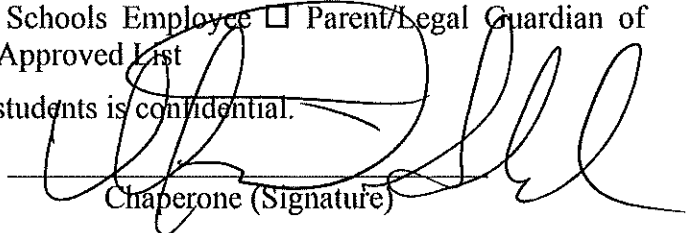
I acknowledge that no verbal waiver will release me from my obligations to abide and adhere to both the Powell County Board of Education Policies and Procedures or the Powell County School District code of conduct and that I may be held responsible for violations of either directive as if such occurred on school property.

Check All That Apply

- 25 or Older on Date of Trip
- Powell Schools Employee
- Parent/Legal Guardian of Student
- On the Current Powell Co. Volunteer Approved List

Understand school/health information related to students is confidential.

Martine Shoemaker
Chaperone Name (Print)


Chaperone (Signature)

Keep all applicable forms and signatures related to trip on file at school for five (5) years.

RELATED PROCEDURES:

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

Review/Revised:11/21/2023

