

**School-Related Student Trip Request Form**

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL Dayton HS FACULTY MEMBER(S) SPONSORING TRIP J Herbert

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

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

DESTINATION University of Ky ADDRESS 698 Sports Ctr PHONE 0/A

- Out of State  Out of County  Within County
- Overnight; give name, address, phone of lodging Dr. Lexington, Ky  
Clarion Hotel Lex North

DATE(S) OF TRIP 5/20 - 5/21 DEPARTURE TIME 3pm 5/20 RETURN TIME 10pm 5/21

PURPOSE/EDUCATIONAL VALUE State Track & Field Meet

SOURCE OF FUNDING FOR TRIP Athletics

*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 6 FACULTY SPONSORS 3 OTHER CHAPERONES 0  
TOTAL # OF PARTICIPANTS 9

**MODE OF TRANSPORTATION**

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

\_\_\_\_\_  
*Signature of Faculty Sponsor* \_\_\_\_\_  
*Date* 5/7/26

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