School-Related Student Trip Request Form

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

SCHOOL DHS **FACULTY MEMBER(S) SPONSORING TRIP** Jon Taylor

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

■ Organization/Club Trip, specify Paranormal Club ☐ Other (athletic, band, if applicable) ___

DESTINATION Cobblin Con **ADDRESS** 303 Conference Dr Hopkinsville, Ky **PHONE** 270 887 2300

☐ Out of State ☐ Out of County ☐ Within County

■ Overnight; give name, address, phone of lodging 100 Tilley Way, Hopkinsville, Ky 42240 Holiday Inn 270 887 8600

DATE(S) OF TRIP Aug 22-23rd **DEPARTURE TIME** 7AM **RETURN TIME** 1PM

PURPOSE/EDUCATIONAL VALUE We are Partnered with Ky Tourism. We get to make social media content for Kentucky Afte Dark

SOURCE OF FUNDING FOR TRIP Tourism is paying for this.

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ■ BOARD ☐ OTHER, SPECIFY They will reemburse us.

NUMBER OF: STUDENTS 8 **FACULTY SPONSORS** 3 **OTHER CHAPERONES** _____

TOTAL # OF PARTICIPANTS 11

MODE OF TRANSPORTATION Vans, Casey & me Driving

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

_____ 7-5-26

Signature of Faculty Sponsor ***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

Sponsors

Jon Taylor
Casey Woods
Jen Hamblin

Review/Revised: 7/25/01