

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.

FACULTY MEMBER(S) SPONSORING TRIP AMANDA KREBS

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: NELTNER'S FARM ADDRESS 6922 4 MILE RD, MELBOURNE, KY 41059 PHONE: (859) 496-7535

- ☐ Out of State ☐ Out of County ☒ Within County
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP: **OCTOBER 20ND 2026** DEPARTURE TIME **9:00** RETURN TIME **2:00**

Purpose/Educational Value: Before the trip the preschool student will be learning about fall. Following the trip the preschool will start a pumpkin study. The largest component of this study will be learning the life cycle of a pumpkin as well as what pumpkins and other fall items are used for.

SOURCE OF FUNDING FOR TRIP: **PRESCHOOL BUDGET***NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.*
 BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY Preschool Budget

 NUMBER OF: STUDENTS **25** FACULTY SPONSORS **6** OTHER CHAPERONES
 ESTIMATING 10+
TOTAL # OF PARTICIPANTS **35-45**

MODE OF TRANSPORTATION

☒ CERTIFICATED COMMON CARRIER; SPECIFY: **SCHOOL BUS**☐ PRIVATE VEHICLE, AS 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

9-2-26
 Date


 Signature of Principal

9/2/26
 Date

 Signature of Additional Faculty

 Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____ _____ _____ _____

 Signature of Board Chairperson

 Date

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