

STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form**

Submit this form two (2) weeks prior to the trip.

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Mr. Brawner

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

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

DESTINATION Morehead State University ADDRESS Morehead, KY PHONE 606-783-2473

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging Quality Inn 606-784-2220  
175 Tony Dr. Morehead, KY 40351

DATE(S) OF TRIP 2/15-2/17 DEPARTURE TIME TBA RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE Morehead State University Honors Band Clinic

*No student shall be denied the trip because of an inability to pay.*

SOURCE OF FUNDING FOR TRIP BAND Boosters

**BILL TRIP EXPENSES TO:**

- SPONSORING ORGANIZATION
- SCHOOL COUNCIL
- BOARD
- OTHER, SPECIFY \_\_\_\_\_

**SUPERVISION: (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)**

NUMBER OF: STUDENTS 3 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 4

ALL CHAPERONES HAVE UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS?  YES  NO

**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) \_\_\_\_\_

Scott Brawner Signature of Faculty Sponsor 1/15/13 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

Review/Revised:6/18/09