

School-Related Student Trip Request Form

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Lynn Eaglin

TYPE OF TRIP (CHECK ONE):

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

DESTINATION LOUISVILLE, Ky ADDRESS 4th Street PHONE _____

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging Cait House, 140 North ^{4th} Street, Louisville, Ky 40202 502-589-5200

DATE(S) OF TRIP 3/13, 3/14/15 DEPARTURE TIME 8:00 a.m. RETURN TIME 4 p.m.

PURPOSE/EDUCATIONAL VALUE Students will be working with the KYTE organizations to set up networks/labs/presenters for their annual conference
No student shall be denied the trip because of an inability to pay.

SOURCE OF FUNDING FOR TRIP Kentucky Dept. of Education - ~~██████████~~ office of Knowledge, Information & Data Service

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 2 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 3

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) Lynn Eaglin

Lynn M. Eaglin
Signature of Faculty Sponsor

January 14, 2013
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