

School-Related Student Trip Request Form

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Jimmy Ray

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Thomas Nelson High ADDRESS 2725 New Knoxville Rd. Bardonia, KY 40004 PHONE 502-349-4650

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging Best Western 502-348-3977
4111 W. Stephen Foster Ave Bardonia, KY 40004

DATE(S) OF TRIP 3/31/14-4/1/14 DEPARTURE TIME 12:45 PM 3/31/14 RETURN TIME 8:45 PM 4/1/14

PURPOSE/EDUCATIONAL VALUE Baseball Tournament

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

SOURCE OF FUNDING FOR TRIP Baseball Account

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 16 FACULTY SPONSORS 5 OTHER CHAPERONES 2
TOTAL # OF PARTICIPANTS 21 including bus driver

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) _____

[Signature]
Signature of Faculty Sponsor Thomas Shue
11/16/14
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