

School-Related Student Trip Request Form

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

SCHOOL CHS FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class (i.e., junior, senior) Trip, specify Campbellsville Team
- Organization/Club Trip, specify _____
- Other (athletic, band, if applicable) Camp Girls Ball

DESTINATION Campbellsville College ADDRESS Campbellsville Ky. PHONE _____

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging Hampton INN 270 465 7601
Best Western 1400 East Broadway Cville, Ky. 4 2718

DATE(S) OF TRIP June - 15-17 2015 DEPARTURE TIME 8:00 am RETURN TIME 4:00 pm

PURPOSE/EDUCATIONAL VALUE Attend Basketball Camp

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

SOURCE OF FUNDING FOR TRIP Girls Ball Account

BILL TRIP EXPENSES TO:

- SPONSORING ORGANIZATION
- SCHOOL COUNCIL
- BOARD Bus
- OTHER, SPECIFY Camp Fees

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

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 1 OTHER CHAPERONES 1

TOTAL # OF PARTICIPANTS 12 Julie Aulbach

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) _____

Paul Stone Jr 3/31/15
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