

Competition

270 809 8924

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 FFA

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Murray, KY ADDRESS Murray State U. PHONE _____

- Out of State
- Out of County
- Within County

Overnight; give name, address, phone of lodging TBA 1504 N 12th St. (270) 759-4449 Murray, KY 42071

DATE(S) OF TRIP Tentative November 17-18 DEPARTURE TIME 11/18 8:00 RETURN TIME 11/18 7:00 PM

PURPOSE/EDUCATIONAL VALUE Horse riding competition.

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

SOURCE OF FUNDING FOR TRIP Competition

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 4 FACULTY SPONSORS 1 OTHER CHAPERONES 3
TOTAL # OF PARTICIPANTS 8

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

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] 8/17/15
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

Review/Revised:6/18/09