

**School-Related Student Trip Request Form**

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

SCHOOL Carroll Co High FACULTY MEMBER(S) SPONSORING TRIP Lisa Weedman

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

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

DESTINATION Crown Plaza ADDRESS 880 Phillips LN PHONE 502-367-2251

- Out of State     Out of County     Within County Louisville
- Overnight; give name, address, phone of lodging Crown Plaza Hotel  
830 Phillips Lane, Louisville, KY 40209

DATE(S) OF TRIP Dec 3-5, 2017 DEPARTURE TIME 8:00 am RETURN TIME 8:00 pm

PURPOSE/EDUCATIONAL VALUE KY Government Education

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

SOURCE OF FUNDING FOR TRIP Financial Assistance / Student payment

**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 \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 5

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) \_\_\_\_\_

Lisa H. Weed    Thomas J. ...    10/17/2017  
*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