

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 Will Yager

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class (i.e., Junior, senior) Trip, specify _____
- Organization/Club Trip, specify _____
- Other (athletic, band, if applicable) Boys Golf Team

DESTINATION Gibson Bay Golf Course ADDRESS 2000 Gibson Bay Dr. Richmond, KY 40475 PHONE 859-623-0225

- Out of State
- Out of County
- Within County

Overnight; give name, address, phone of lodging Quality Inn - Richmond
2006 Colby Taylor Dr. Richmond, KY 40475 859-623-0063

DATE(S) OF TRIP 9/6-9/7 DEPARTURE TIME 8:00 am (9/6) RETURN TIME 6:00 PM (9/7)

PURPOSE/EDUCATIONAL VALUE Participate in All A State Golf Tournament

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

SOURCE OF FUNDING FOR TRIP Athletic Director

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 6 FACULTY SPONSORS 1 OTHER CHAPERONES —
TOTAL # OF PARTICIPANTS 7

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, District Van

CERTIFICATED COMMON CARRIER; SPECIFY _____

PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

Will Yager
Signature of Faculty Sponsor

8/29/19
Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

8/30/19
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.22, 09.36 AP.23

Review/Revised: 6/18/09