# School-Related Student Trip Request Form

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

**SCHOOL** ____ILEAD ACADEMY_____ **FACULTY MEMBER(S) SPONSORING TRIP** ____JENNA GRAY_____

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

☐ Out of State Overnight (Submit to Board)

☐ Classroom Field Trip ☐ Class (i.e., junior, senior) Trip, specify _____

X Organization/Club Trip, specify ___TSA_____ ☐ Other (athletic, band, if applicable) _____

**DESTINATION** _____ **ADDRESS** _____ **PHONE**_____

☐ Out of State ☐ Out of County ☐ Within County

X Overnight; give name, address, phone of lodging __Griffin Gate Marriott Resort, Lexington, KY____

_____

**DATE(S) OF TRIP**__4/13-4/15/2020_____ **DEPARTURE TIME** __4/13/2020_____ **RETURN TIME** ___4/15/2020___

**PURPOSE/EDUCATIONAL VALUE** _____KY TSA STATE CONFERENCE COMPETITION_____

_____

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

**SOURCE OF FUNDING FOR TRIP** ____STUDENT FUNDRAISERS AND STUDENT FUNDED_____

**BILL TRIP EXPENSES TO:**

X SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____

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

NUMBER OF: STUDENTS ___16____ FACULTY SPONSORS ___3_____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS ___67 iLEAD STUDENTS_____

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 X YES, SEE PROCEDURE 09.36 AP.212.

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

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

Jenna Gray

_____ _____

***Signature of Faculty Sponsor*** ***Date***

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

_____

_____ _____

***Signature of Superintendent/Designee*** ***Date***

**RELATED PROCEDURES:**

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised:8/23/2018