

School-Related Student Trip Request Form

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

SCHOOL CCHS FACULTY MEMBER(S) SPONSORING TRIP Lynn Eaglin

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Louisville, Ky ADDRESS Balt House 4th street PHONE 502-589-5200

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP March 6-9 DEPARTURE TIME 10 a.m. RETURN TIME 6 p.m.

PURPOSE/EDUCATIONAL VALUE helps students prepare for a knowledge

based economy. Students will demonstrate their proficiency in their use of technology. If students perform well at Kuste, they will be invited to the ISTE conference in Las Vegas.
No student shall be denied the trip because of an inability to pay.

SOURCE OF FUNDING FOR TRIP KDOE - Office of Knowledge, Information & Data Services Department!

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 2 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 3

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) Lynn M. Eaglin

Lynn M. Eaglin
Signature of Faculty Sponsor

January 11, 2012
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.22, 09.36 AP.23

Review/Revised: 6/18/09

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SCHOOL COHS FACULTY MEMBER(S) SPONSORING TRIP Lynn Eaglin

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Lexington, Ky ADDRESS Rupp Arena + KET PHONE KET-859-258-7000

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP March 2012 DEPARTURE TIME 8 a.m. RETURN TIME 3 p.m.

PURPOSE/EDUCATIONAL VALUE Students will demonstrate proficiency with technology use and presentation skills at the state level

No student shall be denied the trip because of an inability to pay. STLP competition. Additionally, students will tour KET studios to strengthen their knowledge of communication technology.

SOURCE OF FUNDING FOR TRIP CC Dept. of Technology

BILL TRIP EXPENSES TO: (Hotel + transportation)
 SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

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

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 16

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. *school bus*
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

Lynn M. Eaglin
Signature of Faculty Sponsor

1/11/12
Date

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee _____ Date _____

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