

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 CARROLL 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)
ATHLETIC

DESTINATION BETH HAVEN HIGH SCHOOL ADDRESS 5515 JOHNSONTOWN RD, VALLEY STATION KY PHONE 502-937-3364

- Out of State Out of County Within County

Overnight; give name, address, phone of lodging Will stay in Valley Station area at a motel TBA

DATE(S) OF TRIP DEC. 29-31 DEPARTURE TIME DEC. 29 TBA RETURN TIME DEC. 31 TBAPURPOSE/EDUCATIONAL VALUE CHRISTMAS BASKETBALL TOURNAMENT*No student shall be denied the trip because of an inability to pay.*SOURCE OF FUNDING FOR TRIP BOYS BASKETBALL FUND RAISING 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 15 FACULTY SPONSORS 4 OTHER CHAPERONES 1

TOTAL # OF PARTICIPANTS 20

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) _____

Carroll Yager*Signature of Faculty Sponsor*October 18, 2011*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

Adults on trip

Carroll Yager

Duke Boles

Stacy May

Brett Miller

Dustin Mcvey