

Extended Field Trip Request

(Overnight, Out-of-State or use by Common Carrier)

This form must be completed and sent to the appropriate School Director in time to be placed on the agenda of the Fayette County Board of Education prior to the planned trip date. Safety and liability issues, as well as the availability of substitute teachers (where applicable) are all areas of Board responsibility. Per Kentucky regulations, all trip forms/signatures shall be retained at school for five (5) years.

ALL ITEMS MUST BE COMPLETED FOR TRIP TO BE CONSIDERED.

SCHOOL _____

ORGANIZATION OR GROUP _____

DATE(S) OF TRIP (Including Travel) _____

OF SCHOOL DAYS INVOLVED _____

Administrative Procedure 09.36 AP.1, maximum of three (3) days

SPONSOR'S NAME _____

TOTAL MALE CHAPERONES _____ TOTAL FEMALE CHAPERONES _____

Estimated # OF STUDENTS ELIGIBLE FOR TRIP _____
Male _____ Female _____
Estimated # OF STUDENTS PARTICIPATING _____
Male _____ Female _____

LOCATION(S): _____

CITY/STATE: _____

For out of state trips, please check here if medical assistance from a licensed medical professional is required for any students on trip.

TRANSPORTATION PROVISIONS:

Fayette County Public School bus

Commercial Travel; Insurance Coverage Provided by Travel Firm: _____
Why is a Commercial Carrier being used in lieu of a Fayette County School Bus? _____

Air Travel _____

Private Travel (Review 09.36 AP.1: Restrictions, parent notification, driver notification.)

If private travel has been checked, please provide NAME OF DRIVERS, INSURANCE COMPANY, LIMITS OF LIABILITY.

Parent Transport – Own vehicle

Trip Sponsor Transport – Own vehicle

Rental Vehicle – Type of vehicle _____, Rental Company _____

Extended Field Trip Request

COST OF TRIP

Estimated Total Cost of Trip

\$ _____

Meals/Lodging/Transportation

Name of Facility and City for Lodging

\$ _____

Additional Expenses (Specify) _____

\$ _____

****TOTAL COST MUST MATCH TOTAL PAYMENT BELOW**

How Expenses of Trip Are to Be Paid

\$ _____

School Share

\$ _____

Association or Parent Group (Specify) _____

\$ _____

Student's Share (Individual Amount \$ _____)

Provisions must be made for students who are unable to pay their share for any trip made during the instructional day.

Terms of the student fee waiver policy apply to all trips that are scheduled within the instructional day.

\$ _____

****TOTAL PAYMENT MUST MATCH TOTAL COST ABOVE**

PLEASE CHECK TO INDICATE THE FOLLOWING ITEMS **HAVE BEEN** ADDRESSED:

- List of Students Participating Attached Yes No
- List of Chaperones completed (Mark whether teacher, parent, etc.) Yes No
- Trip Complies with Title IX Equity Issues (middle and high schools) Yes No
- Complete Itinerary of the Trip Attached Yes No
- Educational Plan for the Trip Attached (if instructional in nature) Yes No

PRIOR to trip, sponsor will ensure completion

- ⌚ Trip Reviewed by SBDM Council On (date) _____ Yes No
- ⌚ All Chaperones are on the Approved Volunteer List & Approved by Principal Yes No
- ⌚ Field Trip Policy & Procedures have been reviewed by all chaperones on trip Yes No
- ⌚ Field trip rules been explained to the students, chaperones and families Yes No

Per KRS 160.380, a new background check requirement impacts persons who will be working with and/or around our students. All such persons associated with this trip have been through the new background check process. Yes No

I accept the responsibility of seeing that the above event is represented accurately and shall be carried out in accordance with Board Policies, Administrative Procedures, and any applicable school council policies.

Signature: Trip Sponsor *Date* *Signature: Principal Approval* *Date*
Review/Revised: 8/13/18