

HARLAN COUNTY HIGH SCHOOL

OVERNIGHT TRIP REQUEST

This information must be submitted with your club, group, or team's request for approval of an overnight trip. This completed form will be submitted to the Principal for approval. With the Principal's approval, the request will be submitted to the HCHS SBDMC for approval.

School \_\_\_\_\_

Dates(s) of the overnight trip \_\_\_\_\_

Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Destination \_\_\_\_\_

Group or Organization \_\_\_\_\_

Bus Driver's Name and Bus Number \_\_\_\_\_

(If a charter bus, name of company and bus number)

Roster of Students (Required Attachment)

Names and Cell Phone Numbers of Coaches (Required Attachment)

Names and Cell Phone Numbers of Chaperones (Required Attachment)

Name and Telephone Number of Hotel \_\_\_\_\_

Detailed Itinerary of the trip (Required Attachment)

Have all students met the HCHS Truancy Policy requirements? YES ( ) NO ( )

(HCHS SBDMC UNEXCUSED ABSENCE POLICY) Any Harlan County High School student with 6 (six) or more unexcused absences during the school year may be denied certain privileges pertaining to school related activities.

Teacher/Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature Approving Overnight Trip \_\_\_\_\_ Date \_\_\_\_\_

HCHS SBDMC Approved YES ( ) NO ( ) Date \_\_\_\_\_

