School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.

SCHOOL _SCHS_____ FACULTY MEMBER(S) SPONSORING TRIP _Baird / Matherly_

TYPE OF TRIP (CHECK ONE):

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

☒ Organization/Club Trip, specify_____ _FFA_ _____   ☐ Other (athletic, band, if applicable)

DESTINATION _State Fairgrounds_ ADDRESS _Phillips Ln_ _Louisville, KY_ PHONE_____

☐ Out of State ☒ Out of County ☐ Within County

DM - Porter.

BB - Whitworth

+ 8/14

☐ Overnight: give name, address, phone of lodging_____

DATE(S) OF TRIP _8/15, 8/16, 8/22_ DEPARTURE TIME _8:00 AM_ RETURN TIME _2:00 pm_

PURPOSE/EDUCATIONAL VALUE _To take part in FFA career_ _development events at the KY State Fair._

SOURCE OF FUNDING FOR TRIP _FFA + Perkins → Instructional_

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO:

☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL   ☐ BOARD   ☐ OTHER, SPECIFY_____

NUMBER OF STUDENTS _8/14 8/15 & 8/16 - 20 8/22 - 150_ FACULTY SPONSORS _2_ OTHER CHAPERONES_____

TOTAL # OF PARTICIPANTS_____

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)_____

SUPERVISION (Attach list of names of adults accompanying students on trip.)

Have all chaperones undergone the required records AOC check and been designated by the principal/designee to supervise students?   ☐ YES ☐ NO

DMatherly _____   _8/2/13_

Signature of Faculty Sponsor   *Date*

Trip has been ☒ approved ☐ disapproved. Reason for disapproval_____

_____   _8/6/13_

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.

FIELD TRIP CHARGES

$.93 per mile

Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week

Meals provided by sponsor: ☐ Yes   ☐ No

Admission to event provided by sponsor: ☐ Yes ☐ No

Send copy to lunchroom: ☐ Yes   ☐ No

Bus limits: 2 persons per seat

Overnight lodging : Single room

Driver time starts 15 min. before departure and ends 15 min. after arrival

Driver requested: 1. _Baird_____ 2. _____   Number of buses requested:_____

White Copy - Central Office   Yellow Copy - Bus Driver   Pink Copy - School Sponsor