PO# 13141

School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Vance / Darnell

TYPE OF TRIP (CHECK ONE):

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

☒ Organization/Club Trip, specify FCCLA ☐ Other (athletic, band, if applicable)

DESTINATION Oldham Co. Arts Center ADDRESS 7105 Floydsburg Rd PHONE 241-6018

☐ Out of State ☒ Out of County ☐ Within County Crestwood 40014

☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 8/22/13 DEPARTURE TIME 3:00 RETURN TIME 8:00

PURPOSE/EDUCATIONAL VALUE Regional officer meeting to plan FCCLA Fall Regional Meeting.

SOURCE OF FUNDING FOR TRIP ~~Student~~ FCCLA Fund

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 1 FACULTY SPONSORS 2 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 3

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212. Van

☐ 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

Amanda Vance — *Signature of Faculty Sponsor* — 8-16-13 — *Date*

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee — 8/19/13 — *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. _____ 2. _____ Number of buses requested: _____

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