# School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP D. 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 KY FFA Camp ADDRESS 111 FFA Camp Rd Hardinsburg PHONE 270-668-9120

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging N/A

R. Stubblefield Porter

DATE(S) OF TRIP Nov. 7, 2013 DEPARTURE TIME 7:30 am RETURN TIME 4:00 pm

PURPOSE/EDUCATIONAL VALUE To take part in the state Land Judging contest!

SOURCE OF FUNDING FOR TRIP Perkins

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 4 FACULTY SPONSORS 1 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 5

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 — *Signature of Faculty Sponsor* — 10/28/13 *Date*

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

*Signature of Superintendent/Designee* — 10/31/13 *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

# School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Misty Jewell/Stacy Cunningham

TYPE OF TRIP (CHECK ONE):

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

☐ Organization/Club Trip, specify _____ ☑ Other (athletic, band, if applicable) Dance

DESTINATION Lexington, KY ADDRESS _____ PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 12/14/13 DEPARTURE TIME TBD RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE Represent SCHS in Dance Competition

SOURCE OF FUNDING FOR TRIP Team Fundraising - Parent Payments

**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 15 FACULTY SPONSORS 2 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 17

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) Dance parents

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

Misty Jewell — *Signature of Faculty Sponsor* — 11/7/13 — *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.

**FIELD TRIP CHARGES**

$.93 per mile

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

Competition trips (athletic/academic) Driver salary plus $15

Admission to event provided by sponsor: ☐ Yes ☐ No

Overnight lodging: Single room

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

Driver requested: 1. _____ 2. _____

Meals provided by sponsor: ☐ Yes ☐ No

Send copy to lunchroom: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Number of buses requested: _____

**RELATED PROCEDURES:**

09.36 AP.211, 09.36 AP.212

Review/Revised:09/22/03

# School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Misty Jewell/Stacy Cunningham

TYPE OF TRIP (CHECK ONE):

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

☐ Organization/Club Trip, specify _____ ☑ Other (athletic, band, if applicable) Dance

DESTINATION Reservation HS ADDRESS Louisville, KY PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 11/11/14 DEPARTURE TIME TBD RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE Represent SCHS in Dance Competition

SOURCE OF FUNDING FOR TRIP Team Fundraising - Parent Payment

**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 15 FACULTY SPONSORS 2 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 17

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) Dance parents

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

Misty Jewell 11/7/13

*Signature of Faculty Sponsor* *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.

FIELD TRIP CHARGES

$.93 per mile

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

Competition trips (athletic/academic) Driver salary plus $15

Admission to event provided by sponsor: ☐ Yes ☐ No

Overnight lodging: Single room

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

Meals provided by sponsor: ☐ Yes ☐ No

Send copy to lunchroom: ☐ Yes ☐ No

Bus limits: 2 persons per seat

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

RELATED PROCEDURES:

09.36 AP.211. 09.36 AP.212

Review/Revised:09/22/03

# School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Misty Whitlow Carlton

TYPE OF TRIP (CHECK ONE):

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

☐ Organization/Club Trip , specify _____ ☑ Other (athletic, band, if applicable) Dance

DESTINATION Male HS ADDRESS Louisville, KY PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 1/18/14 DEPARTURE TIME TBD RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE Represent SCHS in Dance Competition

SOURCE OF FUNDING FOR TRIP Team Fundraising - Parent Payment

**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 15 FACULTY SPONSORS 2 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 17

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) Dance parents

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

Misty Carlton 11/7/13

*Signature of Faculty Sponsor* *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.

FIELD TRIP CHARGES

$.93 per mile

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

Competition trips (athletic/academic) Driver salary plus $15

Admission to event provided by sponsor: ☐ Yes ☐ No

Overnight lodging: Single room

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

Meals provided by sponsor: ☐ Yes ☐ No

Send copy to lunchroom: ☐ Yes ☐ No

Bus limits: 2 persons per seat

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

RELATED PROCEDURES:

09.36 AP.211. 09.36 AP.212

Review/Revised:09/22/03

# School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Misty Jewell/Stacy Carlson

TYPE OF TRIP (CHECK ONE):

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

☐ Organization/Club Trip , specify _____ ☑ Other (athletic, band, if applicable) Dance

DESTINATION Highland Heights HS ADDRESS Ft. Thomas, KY PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 1/25/14 DEPARTURE TIME 8A RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE Represent SCHS in Dance Competition - Region 8 Comp

SOURCE OF FUNDING FOR TRIP Team Fundraising · Parent Payments

**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 15 FACULTY SPONSORS 2 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 17

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) Dance parents

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

Misty Jewell — *Signature of Faculty Sponsor*

11/7/13 — *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.

**FIELD TRIP CHARGES**

$.93 per mile

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

Competition trips (athletic/academic) Driver salary plus $15

Admission to event provided by sponsor: ☐ Yes ☐ No

Overnight lodging: Single room

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

Driver requested: 1. _____ 2. _____

Meals provided by sponsor: ☐ Yes ☐ No

Send copy to lunchroom: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Number of buses requested: _____

**RELATED PROCEDURES:**

09.36 AP.211. 09.36 AP.212

Review/Revised:09/22/03

# School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Misty Howell/Stacy Cunningham

TYPE OF TRIP (CHECK ONE):

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

☐ Organization/Club Trip, specify _____ ☑ Other (athletic, band, if applicable) Dance

DESTINATION Frankfort Civic Center ADDRESS Frankfort, KY PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 2/22/14 DEPARTURE TIME TBD RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE Represent SCHS in Dance Competition - State Dance Comp

SOURCE OF FUNDING FOR TRIP Team Fundraising - Parent Payments

**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 15 FACULTY SPONSORS 2 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 17

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) Dance parents

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

Misty Howell 11/7/13

*Signature of Faculty Sponsor* *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.

**FIELD TRIP CHARGES**

$.93 per mile

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

Competition trips (athletic/academic) Driver salary plus $15

Admission to event provided by sponsor: ☐ Yes ☐ No

Overnight lodging: Single room

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

Driver requested: 1. _____ 2. _____

Meals provided by sponsor: ☐ Yes ☐ No

Send copy to lunchroom: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Number of buses requested: _____

**RELATED PROCEDURES:**

09.36 AP.211. 09.36 AP.212

Review/Revised:09/22/03

# School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Misty Jewell/Stacy Carlson

TYPE OF TRIP (CHECK ONE):

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

☐ Organization/Club Trip, specify _____ ☑ Other (athletic, band, if applicable) Dance

DESTINATION Convention Center ADDRESS Louisville, KY PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 3/1/14 DEPARTURE TIME TBD RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE Represent SCHS in Dance Competition

SOURCE OF FUNDING FOR TRIP Team Fundraising - Parent Payments

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 15 FACULTY SPONSORS 2 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 17

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) Dance parents

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

Misty Jewell — *Signature of Faculty Sponsor* — 11/7/13 — *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.

**FIELD TRIP CHARGES**

$.93 per mile

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

Competition trips (athletic/academic) Driver salary plus $15

Admission to event provided by sponsor: ☐ Yes ☐ No

Overnight lodging: Single room

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

Meals provided by sponsor: ☐ Yes ☐ No

Send copy to lunchroom: ☐ Yes ☐ No

Bus limits: 2 persons per seat

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

**RELATED PROCEDURES:**

09.36 AP.211, 09.36 AP.212

Review/Revised:09/22/03

# School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Tracy Shouse

TYPE OF TRIP (CHECK ONE):

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

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

DESTINATION Galt House ADDRESS Louisville, KY PHONE _____

☐ Out of State ☐ Out of County ☐ Within County

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

DATE(S) OF TRIP Dec. 13th-15th DEPARTURE TIME _____ RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE To participate in BETA CLUB State convention

SOURCE OF FUNDING FOR TRIP Student + club through fundraising

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 6 FACULTY SPONSORS 1 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 7

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

Tracy J. Shouse 10/28/13

*Signature of Faculty Sponsor* *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.

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

PD

# School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP A. Henderson

TYPE OF TRIP (CHECK ONE):

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

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

DESTINATION WKU ADDRESS_____ PHONE_____

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging_____

DATE(S) OF TRIP 11/9/13 DEPARTURE TIME 7:00AM RETURN TIME 3:00 P.M.

PURPOSE/EDUCATIONAL VALUE ROBOT Competition

SOURCE OF FUNDING FOR TRIP PERKINS

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 FACULTY SPONSORS 1 OTHER CHAPERONES_____

TOTAL # OF PARTICIPANTS 9

MODE OF TRANSPORTATION

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

☒ CERTIFICATED COMMON CARRIER; SPECIFY BUS

☐ 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

A Henderson — *Signature of Faculty Sponsor* — 11/5/13 *Date*

Trip has been ☑ approved ☐ disapproved. Reason for disapproval_____

*Signature of Superintendent/Designee* — 11/6/13 *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

PO# 13508

# School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Denica Cole

TYPE OF TRIP (CHECK ONE):

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

☑ Organization/Club Trip, specify FBLA ☐ Other (athletic, band, if applicable)

DESTINATION UofL ADDRESS 40202 Louisville KY PHONE 502-852-5555

☐ Out of State ☑ Out of County ☐ Within County

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

DATE(S) OF TRIP December 10th DEPARTURE TIME 7:45 RETURN TIME 1:45

PURPOSE/EDUCATIONAL VALUE Team building, early college readiness

Judy mediation

SOURCE OF FUNDING FOR TRIP Students - transportation / Sub - Perkins

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 ≈ 30 FACULTY SPONSORS 3 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 33

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☑ NO ☑ YES, SEE PROCEDURE 09.36 AP.212.

☑ CERTIFICATED COMMON CARRIER; SPECIFY [redacted]

☐ 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

Denica Cole — *Signature of Faculty Sponsor* — 10/31/13 *Date*

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

*Signature of Superintendent/Designee* — 11/6/13 *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

PO# 13512

# School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP DMawday

TYPE OF TRIP (CHECK ONE):

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

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

DESTINATION Ronald McDonald House ADDRESS Louisville, KY PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 11-7-13 DEPARTURE TIME 5:15 RETURN TIME 9:00

PURPOSE/EDUCATIONAL VALUE To serve the families at the Ronald McDonald House

SOURCE OF FUNDING FOR TRIP Student Council

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 FACULTY SPONSORS 2 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 10

MODE OF TRANSPORTATION

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

☒ CERTIFICATED COMMON CARRIER; SPECIFY Vans

☐ 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

Rachel Dmawday 10-31-13

*Signature of Faculty Sponsor* *Date*

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

*Signature of Superintendent/Designee* 11/12/13 *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

PO# 13514 KB

# School-Related Student Trip Request Form

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

SCHOOL Spencer FACULTY MEMBER(S) SPONSORING TRIP [signature]

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 Fairgrd ADDRESS_____ PHONE_____

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging_____

SUB: Mon - A.M. sub 11th Tues All Day 12th

DATE(S) OF TRIP 11-[illegible],12,15 DEPARTURE TIME_____ RETURN TIME_____

PURPOSE/EDUCATIONAL VALUE North Amer Fig - No sub.

SOURCE OF FUNDING FOR TRIP FFA / sub (Perkins)

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 40 FACULTY SPONSORS 1 OTHER CHAPERONES 1

TOTAL # OF PARTICIPANTS_____

stud
4- Mon
20-Tues
6-Fri

MODE OF TRANSPORTATION

only need a bus Tues 11/12/13

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

[signature] 11/4/13

*Signature of Faculty Sponsor* *Date*

Trip has been ☒ approved ☐ disapproved. Reason for disapproval_____

[signature] 11/6/13

*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