

School-Related Student Trip Request Form

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

SCHOOL SCES FACULTY MEMBER(S) SPONSORING TRIP C. Abell / L. Abell

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 Slow Poke Farm ADDRESS 8910 Cedar Grove Rd PHONE 502-921-9632
Shepherdsville, KY

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 5-13-14 DEPARTURE TIME 9:15 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE Hands on animal / plant core content

SOURCE OF FUNDING FOR TRIP Students

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 47 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 Fisher Buses

☐ 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

Captal Abell

Signature of Faculty Sponsor

4-23-14

Date

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

Mike To

Signature of Superintendent/Designee

4-23-14

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: _____

Instructional Plan for Field Study/Special Event Learning Experience

Teacher: C. Abell / L. Abell

Class: 2nd & 1st

Date: 5/13/14

Class Size: 47 students / 2 adults

Instruction Plan

PRE Activities

- Unit on plants
- Unit on animals
- Discuss how both are related

POST Activities

Discuss how activities @ farm relate to the two units we have worked and are working on.

Reading/Writing/Math/Science/Social Studies/Arts and Humanities Strategies
(Use any that apply)

Science - See attached core content

Choose one post-assessment of learning activity:

☒ Open Response Prompt: Choose one animal from farm

☐ Student Product: visit:
a. identify animal
b. list how animals needs are met on farm

☐ Performance Event: _____

☒ Writing for Authentic Audience: Create a brochure telling others about the plants and animals on the farm.
Adaptations or Special Strategies (if applicable)

Field Trip: Slow Poke Farm

Classes Attending: Crystal Abell and Laurie Abell

Date: May 13, 2014

Pre-Activities:

Before visiting the farm, students will:

1-LS3-1- Make observations to construct an evidence based account that young plants and animals are like, but not exactly like their parents.

2-LS4-1- Make observations of plants and animals to compare the diversity of life in different habitats.

- Teacher will read **Monarch Butterfly**, students will create a life cycle of a butterfly. They will describe and illustrate each step. Students will also classify the different animal groups (mammals, reptiles, insects etc.)
- Students will read **The Tiny Seed**. Students will describe the steps of the plant life cycle, comparing adult plants to other parts of the cycle.

Post Activities-

After visiting the farm, students will:

2-LS4-1- Make observations of plants and animals to compare the diversity of life in different habitats.

- Students will describe and illustrate what different animals need to survive and how the farm meets those needs by creating a brochure.

CCSS-ELA-SL.21a & CCSS-ELA-SL.1.1a: Follow agreed-upon rules for discussions (e.g. gaining the floor in respectful ways, listening to others with care, speaking one at a time about the topic and texts under discussion.)

- Students will present their brochure to the class, explaining each animals and how its needs are met at the farm.
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1-LS1-1a- Plants also have different parts (Roots, Stems, Leaves) that help them survive and grow.

2-LS2-1- Plan and conduct an investigation to determine if plants need sunlight and water to grow.

- Students will plant their own plant/flower and document their observations on the growth cycle periodically.

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

SCHOOL SCES FACULTY MEMBER(S) SPONSORING TRIP Baird/Noel/Asage
TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 5th Grade
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)
DESTINATION Taylorville Lake Overlook ADDRESS Overlook PHONE 477-8882
☐ Out of State ☐ Out of County ☐ Within County
☐ Overnight: give name, address, phone of lodging _____
DATE(S) OF TRIP May 27, 2014 DEPARTURE TIME 9:00 RETURN TIME 2:30
PURPOSE/EDUCATIONAL VALUE Water Safety, Community History
SOURCE OF FUNDING FOR TRIP parents

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 150 FACULTY SPONSORS 6 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

Shawn Baird
Signature of Faculty Sponsor

4-18-2014
Date

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

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Signature of Superintendent/Designee

4-24-14
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: _____

Instructional Plan for Field Study/Special Event Learning Experience

Teacher: Baird, Noel, Isaac, Fladung, Penrod

Class: 5th Grade

Date: May 27, 2014

Content Connection: Lifetime Wellness
Instructional Plan

Targeted Standard: 2.3.1 Responsibility for physical well being
3.2 Healthy lifestyle

PRE Activities

PL-5-LPW-U-5 social behav. shows/impacts
safety in physical activity settings

Discussion of summer opportunities/available
outdoor fitness/activities in Spencer Co.

POST Activities

Pamphlet/ Flyer - How to stay safe/ save a
life if you go to Taylorsville
Lake this summer.

Reading/Writing/Math/Science/Social Studies/Arts and Humanities Strategies
(Use any that apply)

Choose one post-assessment of learning activity:

☐ Open Response Prompt:

☐ Student Product:

☒ Performance Event:

☐ Writing for Authentic Audience:

Water Safety Course

Adaptations or Special Strategies (if applicable)

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School-Related Student Trip Request Form

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

SCHOOL SCES FACULTY MEMBER(S) SPONSORING TRIP Baird/Bruce/Thom

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☒ Organization/Club Trip, specify Academic Team Reward Other (athletic, band, if applicable) _____

DESTINATION SkyZone ADDRESS _____ PHONE _____

☐ Out of State ☐ Out of County ☐ Within County

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

DATE(S) OF TRIP May 7 DEPARTURE TIME 4:10 RETURN TIME 27:00

PURPOSE/EDUCATIONAL VALUE Reward for District and Regional Academic Team Performance

SOURCE OF FUNDING FOR TRIP School/parents

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 _____ FACULTY SPONSORS _____ 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) Bd Van SBaird & PBruc

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

Shawn Baird

Signature of Faculty Sponsor

Date

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

MA 2

Signature of Superintendent/Designee

4-24-14

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: _____

School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Kelsi Shipley

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☐ Organization/Club Trip, specify Choir ☒ Other (athletic, band, if applicable)

DESTINATION U of L School of music ADDRESS 120 W Lee St Louisville, KY PHONE (602) 862-6907

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP May 7, 2014 DEPARTURE TIME _____ RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE to perform at the state level

and be graded by professional music educators

SOURCE OF FUNDING FOR TRIP SCHS

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

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY SCHS

NUMBER OF STUDENTS 47 FACULTY SPONSORS 1 OTHER CHAPERONES 1/2

TOTAL # OF PARTICIPANTS 50

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

Kelsi Shipley
Signature of Faculty Sponsor

3/26/14
Date

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

[Signature]
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: _____