School-Related Student Trip Request Form

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

SCHOOL _SCMS_ FACULTY MEMBER(S) SPONSORING TRIP _Karen Leff_

TYPE OF TRIP (CHECK ONE):

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

☒ Organization/Club Trip, specify _Grizzlies Beyond the_ ☐ Other (athletic, band, if applicable)
_____ _Bell_

DESTINATION _Keystone Cinemas_ ADDRESS _220 Armstrong Lane_ PHONE _538-7701_
Mt Washington
☐ Out of State ☐ Out of County ☐ Within County _40047_

☐ Overnight: give name, address, phone of lodging_____

DATE(S) OF TRIP _9/26/14_ DEPARTURE TIME _3:15_ RETURN TIME _6:30_

PURPOSE/EDUCATIONAL VALUE_____

SOURCE OF FUNDING FOR TRIP _21st CCLC Summer School_

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 _125_ FACULTY SPONSORS_____ OTHER CHAPERONES _10_

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

_____ _____
Signature of Faculty Sponsor   Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval_____

_____ _9/16/14_
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