

OF  
AL

## School-Related Student Trip Request Form

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

SCHOOL SCES FACULTY MEMBER(S) SPONSORING TRIP K teachers

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 Sluggs Field / Kosair ADDRESS 401 E. Main Louisville PHONE 502-361-3100

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP March 5 Wed DEPARTURE TIME 9:00 RETURN TIME 1:30

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

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 125 FACULTY SPONSORS 13 OTHER CHAPERONES 0

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

Michael M. [Signature]  
Signature of Faculty Sponsor

Feb 12, 2014  
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

M. [Signature] 2-12-14  
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: \_\_\_\_\_

# Instructional Plan for Field Study/Special Event Learning Experience

Teacher: K teachers

Class: Kindergarten

Date: March 5 2014

Content Connection: careers, healthy living, safety procedures

Targeted Standard: PL-EP-4.1.03 careers in community PL-EP-1.2-02 good health habits

Targeted Standard: PL-EP-1.4.02 safe procedures for community PL-EP-1.4.02 people in community to keep us safe

## PRE Activities

health=wellness, safety (fire, 911, strangers), "Kosair"  
reading books, personal connections, Discovery  
Education

## POST Activities

journal writing, recording favorite learning  
stations, careers, ways we can be  
safe, thank you notes (authentic writing)

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

books ( Ernie goes to the Hospital Curious George and the Hospital I wash my hands & others ) \*all of the above activities as well

Choose one post-assessment of learning activity:

- ☐ Open Response Prompt: \_\_\_\_\_
- ☐ Student Product: journal
- ☐ Performance Event: \_\_\_\_\_
- ☐ Writing for Authentic Audience: \_\_\_\_\_

Adaptations or Special Strategies (if applicable)