

School-Related Student Trip Request Form

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

SCHOOL TE5 FACULTY MEMBER(S) SPONSORING TRIP Heiss

TYPE OF TRIP (CHECK ONE):

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

DESTINATION SCES ADDRESS _____ PHONE _____

- ☐ Out of State ☐ Out of County ☒ Within County

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

DATE(S) OF TRIP Oct 10, '14 DEPARTURE TIME 9:00 RETURN TIME 12:30

PURPOSE/EDUCATIONAL VALUE _____

AG Day

SOURCE OF FUNDING FOR TRIP -

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 450 FACULTY SPONSORS 1 Room OTHER CHAPERONES support staff

TOTAL # OF PARTICIPANTS 477 avg.

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 employees 9-2-14

Heidi Heiss

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

**FIELD STUDY REQUEST FORM
FOR SBDM APPROVAL**

(Complete this form prior to the next SBDM Meeting for SBDM Approval as all Field Study Requests must be approved by SBDM. Once approved, complete the Central Office Student Trip Request form)

Teacher: Heiss - all students Grade/Section: K-5

Destination: SPES - AgDay Miles to Destination from School: 1.47 miles

Date of Trip: Oct. 10 Time of Departure: 9:00 AM / 10:30

Time of Return: 11:00 / 12:30 Number of Children: 450 avg. total

Time of Adults: all assigned staff Number of Buses Needed: 4.5
by lunchroom

What arrangements were made with lunchroom manager regarding lunch? (Check One)

☒ No Change In Schedule ☐ Change In Time To: _____
☐ Sack Lunches ☐ Eat Out

What provisions have been made for those children who are unable to go?

If unable - will then visit ^{other} classroom or office

If this field trip impacts special areas, please notify special area teachers, in writing.

Identify the Core Content (number and description) to which this field trip relates.

District initiative

Identify the pre-trip activities you will use to prepare your students.

Identify the post-trip activities you plan for your students to complete.

Teachers' Signature(s)

RESERVATION INFORMATION:

Admission Fee Per Student: 0 Per Adult: _____

Reserved Bus #: _____ Cost of Bus: Total quoted by
Path \$270-

(BUS COSTS: \$17 per hour per bus driver, \$.93 per mile per bus)

Reservations made by: Heidi Hurd

Approved: _____ Denied: _____

Signature: _____ Date: _____



TES students will all be going to SCES campus on Friday, October 10th. They will participate in AG Day.

Kindergarten, 1st grade, 3rd grade, and 5th grade will leave TES at 9:00 and return by 11:00. ½ split, 2nd grade, and 4th grade will leave TES at 10:30 and return by 12:30.

The elementary schools will be covering the cost of travel for this field trip using district school buses.

Please sign below and return to your homeroom teacher by October 9th so that your child may take part in this learning experience.

I hereby give permission for my child, _____, to participate in the AG Day Field Trip on October 10th. In the event of accident or sudden illness while on this trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child
(District Form 09.36 AP.211).

Please sign below and return to homeroom teacher on or before October 9th.

Parent/Guardian's Signature

Date