

## School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Kay Pence (1<sup>st</sup> Grade)

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 Stage One ADDRESS 323 W. Broadway PHONE (802) 498-2436

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP Oct. 13<sup>th</sup> DEPARTURE TIME 9:00am RETURN TIME 2:00pm

PURPOSE/EDUCATIONAL VALUE Theatre / SL 1.4

SOURCE OF FUNDING FOR TRIP TES ACTIVITY FUND

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 71 FACULTY SPONSORS 4 OTHER CHAPERONES 12

TOTAL # OF PARTICIPANTS 87

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

Kay Pence  
Signature of Faculty Sponsor

9-11-14

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: \_\_\_\_\_

**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: Haidi Heins Grade/Section: 5th  
Destination: UofL College Miles to Destination from School: 37 miles  
Date of Trip: Sept. 26 Time of Departure: 9:15  
Time of Return: 3:00 Number of Children: 72  
# of Adults: 5-7 Number of Buses Needed: 2

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?

will be a helper in a primary classroom

If this field trip impacts special areas, please notify special area teachers, in writing. ✓ e-mailed 9/8

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

District Request to meet prog. review - college readiness  
also include content @ planetarium while there -  
and planetarium

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)

Haidi Heins

**RESERVATION INFORMATION:**

Admission Fee Per Student: 5 - Per Adult: 0 -  
Reserved Bus #: Fisher Buses Cost of Bus: 240 x 2

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

Reservations made by: Haidi Heins - talked to Holly @ Fisher 9/8

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_