

School-Related Student Trip Request Form

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

SCHOOL Taylorville FACULTY MEMBER(S) SPONSORING TRIP Heidi Heiss

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 5th gr.
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION UofL ADDRESS 2301 5th 3rd PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP Sept. 26 DEPARTURE TIME 9:15 RETURN TIME 3:00

PURPOSE/EDUCATIONAL VALUE district initiative of college awareness and including Science while there

SOURCE OF FUNDING FOR TRIP SBDM for bus - students for planetarium cost

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 72 FACULTY SPONSORS 5-7 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 79

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.) Sienicki / Tipton / Graves / Booth / Lockwood

Have all chaperones undergone the required records AOC check and been designated by the principal/designee to supervise students? ☒ YES ☐ NO

Heidi Heiss

Signature of Faculty Sponsor

9-8-14

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: _____

emaild her 9/8



College Awareness Field Trip

The 5th grade students will all be going to visit the University of Louisville campus on Friday, September 26th. They will tour the campus, participate in a student panel discussion, and visit the Planetarium on campus. The students will eat their school sack lunches on campus.

The school bus will be leaving TES at 9:20 AM, immediately following school pictures, and returning about 3:00 PM. The school will be covering the cost of travel for this field trip using Fisher school buses. The cost of their lunch will come out of their school lunch account.

The only cost to you is the ticket price for Planetarium, \$5.00.

Please sign below and return with admission cost to your homeroom teacher by September 22nd, so that your child may take part in this important trip.

I hereby give permission for my child, _____, to participate in the college awareness trip to U of L campus on September 26th. 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).

Parent/Guardian's Signature

Date

**Please attach the \$5 for cost of trip.*

Please also check one and sign below.

☐ My child will bring a lunch and drink from home.

☐ My child will be eating a sack lunch, and would like the drink circled below:

Low-fat White / Fat Free White / Chocolate Milk