

School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Erin Kelley

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Sluggers Field ADDRESS 401 E main st Louisville, KY 40203 PHONE 502-614-4509

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 11/14/14 DEPARTURE TIME 9:30am RETURN TIME 2:00pm

PURPOSE/EDUCATIONAL VALUE Students will be performing at a

Fundraising event for Kosair Children's Hospital

SOURCE OF FUNDING FOR TRIP Chorus fund- free to students

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 70 FACULTY SPONSORS 1 OTHER CHAPERONES 3-5

TOTAL # OF PARTICIPANTS ≈ 75

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

Erin Kelley

Signature of Faculty Sponsor

9/17/14

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: Erin Kealey Grade/Section: Music/Chorus
Destination: Sluggs Field Miles to Destination from School: 30
Date of Trip: 11/14/14 Time of Departure: 9:30 am
Time of Return: 2:00 pm Number of Children: 70
Time of Adults: ≈ 3-5 Number of Buses Needed: 1-2

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?

Trip is free and not mandatory

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.

Students will perform alone and with others

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

rehearsal

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

evaluate performance

Teachers' Signature(s)

Erin Kealey

** This trip is for the Kean
Children's Hospital fundraising
event.*

RESERVATION INFORMATION:

Admission Fee Per Student: _____ Per Adult: _____

Reserved Bus #: _____ Cost of Bus: _____

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

Reservations made by: _____

Approved: _____ Denied: _____

Signature: _____ Date: _____