

~~12/8/14~~ ~~12/8/14~~ Copied 7A Crenshaw Hankins PLOTTON 12-8-14  
School-Related Student Trip Request Form

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

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP Tammy Hankins

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 Hall St Matthews ADDRESS 5000 Shelbyville Rd Louisville, Ky 40207 PHONE 893 0311

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 12/18/14 DEPARTURE TIME 9:30 AM RETURN TIME 2:00 PM

PURPOSE/EDUCATIONAL VALUE Community Based Instruction -

Shopping w/ a budget, restaurant etiquette, socialization skills  
SOURCE OF FUNDING FOR TRIP Buses (ECCE Office) - Meal (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 9 FACULTY SPONSORS 1 OTHER CHAPERONES 2

TOTAL # OF PARTICIPANTS 12

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

Tammy Hankins  
Signature of Faculty Sponsor

12-8-14  
Date

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

Matt Mercer  
Signature of Superintendent/Designee

12/8/14  
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: 2 spec ed

SCES & SCMS will load 1st 1 reg ed  
(sharing w/ SCES & SCMS)

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor