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         THOMPSON   ARNOLD   1-20-15
                                      CD.

School-Related Student Trip Request Form

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

SCHOOL __SCMS__   FACULTY MEMBER(S) SPONSORING TRIP _Thompson / Herndon_

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip   ☐ Class Trip (i.e., junior, senior), specify_____

☐ Organization/Club Trip, specify_____   ☑ Other (athletic, band, if applicable) _Gifted/Talented 7th grade_

DESTINATION _Finance Pk_   ADDRESS _1401 W. Muhammad Louisville_   PHONE _502-561-KIDS_

☐ Out of State ☑ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging_____

DATE(S) OF TRIP _3-31-2015_ DEPARTURE TIME _8:00_ RETURN TIME _2:00_

PURPOSE/EDUCATIONAL VALUE _Real life skills: Banking, Income Budgets, Careers, Credit, Debt, Taxes, Saving etc_

SOURCE OF FUNDING FOR TRIP _Student fee for bus $5_ _G/T cover rest_

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL   ☐ BOARD   ☑ OTHER, SPECIFY _G/T_

NUMBER OF STUDENTS _56_   FACULTY SPONSORS _2_   OTHER CHAPERONES _3_

TOTAL # OF PARTICIPANTS _61_

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO   ☑ YES, SEE PROCEDURE 09.36 A.P.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

Carol S Herndon   _Jan. 15, 2015_
Signature of Faculty Sponsor   Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval_____
Matt Mercer   _1/20/15_
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: _2_