

Copied: PATTI LANCASTER
CRENSHAW
BUYNAL

ARNOLD

3-16-15 CJ

School-Related Student Trip Request Form

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

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP 8th Grade Teachers (Buynak)

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 8th Grade Promotion Trip
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION Belle of Louisville ADDRESS 401 West River Road Louisville, KY 40202 PHONE 502-574-2992

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP June 2, 2015 DEPARTURE TIME 11:30am RETURN TIME 5:00pm

PURPOSE/EDUCATIONAL VALUE 8th Grade Promotion Trip

SOURCE OF FUNDING FOR TRIP Students and Yearbook Account

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 239 FACULTY SPONSORS 11 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 250

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES, SEE PROCEDURE 09.36 AP.212.

☒ CERTIFICATED COMMON CARRIER; SPECIFY Miller Transportation

☐ 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

Sean Buynak

Signature of Faculty Sponsor

3-11-15

Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

[Signature]

Signature of Superintendent/Designee

3/12/15

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: _____

Miller PD # 5220.417

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor