

Copied: Patti Lancaster  
O'Connell  
PHELPS

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

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Campbellsville Univ. ADDRESS Campbellsville, KY PHONE \_\_\_\_\_

- ☐ Out of State ☒ Out of County ☐ Within County  
☐ Overnight: give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP April 1 DEPARTURE TIME 8:30-9 RETURN TIME by 2:00-ish

PURPOSE/EDUCATIONAL VALUE

Career / College Awareness  
SOURCE OF FUNDING FOR TRIP School Activity Account District Activ.

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

BILL TRIP EXPENSES TO:

- ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY Account Field Trip

NUMBER OF STUDENTS ~235 FACULTY SPONSORS ~14-15 OTHER CHAPERONES 711 SA

TOTAL # OF PARTICIPANTS ~250

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

[Signature]  
Signature of Faculty Sponsor

3/12/15  
Date

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

[Signature]  
Signature of Superintendent/Designee

3/13/15  
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: 6

(1 paid for through G.T. funds) per J. Thompson

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor