Local Trip

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.	
SCHOOL Taylorsville Elen FACULTY MEMBER(S) SPONSORING TRIP School (Nida District
TYPE OF TRIP (CHECK ONE):	EVAL
Classroom Field Trip Class Trip (i.e., junior, senior)	, specify School alide AG Ban
☐ Organization/Club Trip, specify	Other (athletic, band, if applicable)
J	100 Oak Tree Was PHONE 502- 477-221
☐ Overnight: give name, address, phone of lodging	
DATE(S) OF TRIP Supt. 15 DEPARTURE PURPOSE/EDUCATIONAL VALUE AC CAM- DE	ETIME 9:00 RETURN TIME TBD
SOURCE OF FUNDING FOR TRIP SBDM	
NO STUDENT SHALL BE DENIED THE TRIP BILL TRIP EXPENSES TO:	
☐ SPONSORING ORGANIZATION 💢 SCHOOL COUNCIL	□ BOARD □ OTHER, SPECIFY
NUMBER OF STUDENTS 420 Ava FACULTY SPONSOR	SCOURSELOT OTHER CHAPERONES TARCHAD
TOTAL # OF PARTICIPANTS 940 - 4.50	
MODE OF TRANSPORTATION	
IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ CERTIFICATED COMMON CARRIER; SPECIFY	YES, SEE PROCEDURE 09.36 AP.212.
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; S	PECIFY DRIVER(S)
SUPERVISION (Attach list of names of adults accompany	
Have all chaperones undergone the required record principal/designee to supervise students?	is AOC check and been designated by the
Signature of Faculty Sponsor	
Trip has been approved disapproved. Reason for disapproval	Date
mp habocal drapproved in disapproved. Reason for disapproval	
	8-17-15
Signature of Superintendent/Designee	Date
For overnight and/or out-of-state trips, approval of the superintendent and	l/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	Mode annidad by
exceed 40 per week	Meals provided by sponsor: ☐ Yes ☐ No
Admission to event provided by sponsor:	Send copy to lunchroom: Yes No Bus limits: 2 persons per seat
	Send copy to lunchroom: ☐ Yes ☐ No