School-Related Student Trip Request Form

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

SCHOOL __TES__ FACULTY MEMBER(S) SPONSORING TRIP __3RD Grade - Pence__

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 __StageOne__ ADDRESS __315 W. Market__ PHONE __502-598-2436__

☐ Out of State ☐ Out of County ☐ Within County __Louisville, KY__

☐ Overnight: give name, address, phone of lodging_____

DATE(S) OF TRIP __Oct. 28TH, 2015__ DEPARTURE TIME __9:00 am__ RETURN TIME __2:00 pm__

PURPOSE/EDUCATIONAL VALUE __SL 3.2 - Determine the main idea of a text read aloud presented in diverse media - visually / orally (play)__

SOURCE OF FUNDING FOR TRIP __Tickets are free, students pay for bus/sack lunch__

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 __82__ FACULTY SPONSORS __5__ OTHER CHAPERONES __12__

TOTAL # OF PARTICIPANTS __99__

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

_____ __8/17/15__

Signature of Faculty Sponsor Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval_____

_____ __9-22-15__

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:_____