

COPIED: CRENSHAW
P. LANCASTER
HAWKINS

HENOLD
12-2-15 c.g.

School-Related Student Trip Request Form

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

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP T. Hawkins

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 Wal-Mart / Mellow Mushroom or alt rest. ADDRESS Shelbyville Rd PHONE _____
Louisville, Ky

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

DATE(S) OF TRIP 12/16/15 DEPARTURE TIME 930am RETURN TIME 130pm
PURPOSE/EDUCATIONAL VALUE Purchasing practice, money skills
Community Communications (ordering/interacting w/pers)
SOURCE OF FUNDING FOR TRIP Students / Buses ECS office

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 9 FACULTY SPONSORS 4 OTHER CHAPERONES 1-parent

TOTAL # OF PARTICIPANTS 14

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

Larry Smith
Signature of Faculty Sponsor

12-2-15
Date

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

M. Lewis
Signature of Superintendent/Designee

12.2.15
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: 1 Regular
1 Special

Paid for by Special Ed. funds

will share w/
SCMS