

COPIED: - CREST HAW
PLANCHER 2-18-16
PAID - SHIPLEY

School-Related Student Trip Request Form

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

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP Shipley

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Oldham Co Arts Center ADDRESS 7105 Flycatchburg rd PHONE _____
Crestwood, KY

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

DATE(S) OF TRIP April 14, 2016 DEPARTURE TIME 9am RETURN TIME 2:00pm

PURPOSE/EDUCATIONAL VALUE to perform in front judges and

receive a rating based on the KMEA rubric

SOURCE OF FUNDING FOR TRIP MS Choir - Travel Fund

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 118 FACULTY SPONSORS 1 OTHER CHAPERONES 3

TOTAL # OF PARTICIPANTS 122

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212. Buses x 3

☐ 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

Kelso Shipley
Signature of Faculty Sponsor

2/17/16
Date

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

APL
Signature of Superintendent/Designee

2/17/16
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: _____

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PLAYMASTER 2-18-16
TAYED - PHELPS C.J.

School-Related Student Trip Request Form

-ARNOLD

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 tour of Campbellsville University
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION Campbellsville University ADDRESS Campbellsville, KY PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP MARCH 29, 2016 DEPARTURE TIME 8:30 RETURN TIME 2:10

PURPOSE/EDUCATIONAL VALUE

Glimpse of college campus / expectations

SOURCE OF FUNDING FOR TRIP _____

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 224 FACULTY SPONSORS 9 OTHER CHAPERONES 7

TOTAL # OF PARTICIPANTS 240

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212. (6 buses required)

☐ 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

PHELPS
Signature of Faculty Sponsor

2/17/2016
Date

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

M. Allen
Signature of Superintendent/Designee

2/17/16
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: _____