

School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Goodlett, Tackett, Waller

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 Louisville Science Center ADDRESS 727 W. Main St PHONE 561 6100

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 5.13.16 DEPARTURE TIME 9:00 RETURN TIME 2:30

PURPOSE/EDUCATIONAL VALUE Students will be beginning a unit on the human body (literacy/science) exhibits in the museum will aid

SOURCE OF FUNDING FOR TRIP Students in understanding of

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

BILL TRIP EXPENSES TO:

☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY growth & body system development

NUMBER OF STUDENTS 77 FACULTY SPONSORS 34 OTHER CHAPERONES 24 apx.

TOTAL # OF PARTICIPANTS _____

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

Kasey Goodlett
Signature of Faculty Sponsor

4/15/16
Date

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

[Signature]
Signature of Superintendent/Designee

4-18-16
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

Admission to event provided by sponsor: ☐ Yes ☐ No

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: _____

Meals provided by sponsor: ☐ Yes ☐ No

Send copy to lunchroom: ☐ Yes ☐ No

Bus limits: 2 persons per seat

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor

* 2 buses
from
SCDS
\$320
for 2

sack lunch