

## School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Kinzel/Herridon  
TYPE OF TRIP (CHECK ONE):  
☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify GT 4+5 grade  
☐ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable)  
DESTINATION Ky Science Ctr ADDRESS 737 W. Main PHONE 502-560-712  
Challenger Ctr Louisville  
☐ Out of State ☒ Out of County ☐ Within County  
☐ Overnight: give name, address, phone of lodging \_\_\_\_\_  
DATE(S) OF TRIP May 30, 2016 DEPARTURE TIME 8:00AM RETURN TIME 2:00PM  
PURPOSE/EDUCATIONAL VALUE Critical Stem knowledge. As a member  
of a mission team students practice essential tasks to solve  
SOURCE OF FUNDING FOR TRIP GT funds real world problems

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

### BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY GT  
NUMBER OF STUDENTS 19 FACULTY SPONSORS 2 OTHER CHAPERONES up to 9  
TOTAL # OF PARTICIPANTS 30 Lunch at Ruby Tuesday  
MODE OF TRANSPORTATION on Blankenbaker.  
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

Carol Herridon

April 11, 2016

Signature of Faculty Sponsor

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

Student cost \$10 for lunch

Send copy to lunchroom: ☐ Yes ☐ No

Bus limits: 2 persons per seat