School-Related Student Trip Request Form

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

SCHOOL __TES_____ FACULTY MEMBER(S) SPONSORING TRIP __Treva McCauley__

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify_____

☒ Organization/Club Trip, specify __STLP_____ ☐ Other (athletic, band, if applicable)

DESTINATION __Solid waste + Recycling__ ADDRESS __200 Fair Oaks Ln__ PHONE __502 564 8158__

☐ Out of State ☒ Out of County ☐ Within County __Frankfort Ky 40601__

☐ Overnight: give name, address, phone of lodging_____

DATE(S) OF TRIP __May 20, 2016__ DEPARTURE TIME __9:00a__ RETURN TIME __1:00p__

PURPOSE/EDUCATIONAL VALUE __Students will present coding projects to the Head personnel of Solid waste + Recycling (coding projects are based on Recycling)__

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 __7__ FACULTY SPONSORS __1__ OTHER CHAPERONES __1__

TOTAL # OF PARTICIPANTS __10__

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

_Treva McCauley_____ __4-15-16__
Signature of Faculty Sponsor *Date*

Trip has been ☒ approved ☐ disapproved. Reason for disapproval_____
_[signature]_____ __4-18-16__
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

__Van__

Driver requested: 1._____ 2._____ Number of buses requested:_____

White Copy - Central Office   Yellow Copy - Bus Driver   Pink Copy - School Sponsor

__Copy to Bonnie__