COPIED: PATTI LANCASTER ARNOLD
CRENSHAW 4-19-16 c.f
FAXED BUYNAK

School-Related Student Trip Request Form

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 Promotion Trip_

☐ Organization/Club Trip, specify_____   ☐ Other (athletic, band, if applicable)

DESTINATION _Belle of Louisville_   ADDRESS _401 West River Road Louisville, KY 40202_   PHONE _502-574-2992_

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging_____

DATE(S) OF TRIP _May 26, 2016_   DEPARTURE TIME _8:45_   RETURN TIME _2:00_

PURPOSE/EDUCATIONAL VALUE _8th Grade Promotion Trip_

SOURCE OF FUNDING FOR TRIP _Students_

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 _221_ FACULTY SPONSORS _12_ OTHER CHAPERONES_____

TOTAL # OF PARTICIPANTS _233_

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

Sean Buynak   _4-19-2016_

Signature of Faculty Sponsor   *Date*

Trip has been ☐ approved ☐ disapproved. Reason for disapproval_____
M. Mercer   _4/19/16_
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

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

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