- ARNOWD 3-2216 Cif. School-Related Student Trip Request Form

| SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP. | |
|---|--|
| SCHOOL SYMS FACULTY MEMBER (| s) SPONSORING TRIP LEff, Hinton, Detrich, |
| TYPE OF TRIP (CHECK ONE): | s, si este similari partici ci ci |
| ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify | |
| Organization/Club Trip, specify BB - ST& | |
| | 400 E. Main St. (502) |
| DESTINATION KOU ADDRESS | Frankfort, KY PHONE 597-4000 |
| ☐ Out of State County ☐ Within County | |
| ☐ Overnight: give name, address, phone of lodging | |
| DATE(S) OF TRIP May 21, 2016 DEPARTUR | E TIME 7:30 amreturn time 4:30 pm |
| PURPOSE/EDUCATIONAL VALUE temail students experience stem | |
| workshop-applications in fields or careers | |
| SOURCE OF FUNDING FOR TRIP 21CCLC | |
| NO STUDENT SHALL BE DENIED THE TRIP | BECAUSE OF AN INABILITY TO PAY. |
| BILL TRIP EXPENSES TO: | |
| SPONSORING ORGANIZATION □ SCHOOL COUNCI | L □ BOARD □ OTHER, SPECIFY |
| NUMBER OF STUDENTS 40 FACULTY SPONSOR | |
| TOTAL # OF PARTICIPANTS 44 | |
| 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? | S. DNO |
| T WWW DUDY | 3/17/16 |
| Signatuje of Baculty Sponsor | Date |
| Trip has been approved disapproved. Reason for disapproval | |
| Malaran | m landa |
| Signature of Superintendent/Designee | 3[18]i& 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 | Meals provided by sponsor: ☐ Yes ☐ No |
| Regular hourly rate for driver, plus overtime if driver's hours | The state of the s |
| exceed 40 per week | |
| Admission to event provided by sponsor: | 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: 12. | Number of buses requested: |
| | |