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        PARNELL

ARNOLD
4-20-16 CJ

School-Related Student Trip Request Form

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

SCHOOL __SCMS__ FACULTY MEMBER(S) SPONSORING TRIP __Collins / Parnell__

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 __KY Kingdom__ ADDRESS __937 Phillips LN__ PHONE_____

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging_____

DATE(S) OF TRIP __5/20/16__ DEPARTURE TIME __8:30__ RETURN TIME __2:00__

PURPOSE/EDUCATIONAL VALUE __STEM field study__

SOURCE OF FUNDING FOR TRIP __Academic Team Funds__

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 __28__ FACULTY SPONSORS __2__ OTHER CHAPERONES_____

TOTAL # OF PARTICIPANTS __30__

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

_____   __4/17/16__
Signature of Faculty Sponsor   Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval_____

_____   __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: __1__

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