COPIED LANCASTER - ARNOLD 4-20-16 C.J.
School-Related Student Trip Request Form
SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.
SCHOOL FACULTY MEMBER(S) SPONSORING TRIP /// LAF
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 CHASTON COUNTY Within County WITHINGTONE 538-7701 Out of State County Within County WT WAShington Ky 40046
Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 5/5/16 DEPARTURE TIME 3:00 RETURN TIME 6:15 PURPOSE/EDUCATIONAL VALUE 3/57 CLC SUCLETAD
SOURCE OF FUNDING FOR TRIP DIST CCCC
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:
\square sponsoring organization \square school council \square board \nearrow other, specify $2/3$ \cap \bigcirc
NUMBER OF STUDENTS 100 FACULTY SPONSORS 10 OTHER CHAPERONES
TOTAL # OF PARTICIPANTS // O
MODE OF TRANSPORTATION NEEDEDS TWO THE BEAUTY OF THE STREET OF THE STREE
IS DISTRICT TRANSPORTATION NEEDED? ☐ NO YYES, 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 regords AOC check and been designated by the
principal/designee to/supervise students? XYES NO
Trip has been approved disapproved. Reason for disapproval
M/lever 4/20/16
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 Meals provided by sponsor: Yes No
Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week
Send copy to lunchroom:
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:
2