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LAWRENCE
CRENSHAW
SANDERS

5-2-16 CG

NO change

School-Related Student Trip Request Form

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

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP Olivia Sanders

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☐ Organization/Club Trip, specify G. Soccer ☒ Other (athletic, band, if applicable)

DESTINATION Low Slugger Field ADDRESS 401 E Main, Low, Mo PHONE (502) 212-2287

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 5/14/16 DEPARTURE TIME 7:00 RETURN TIME 9:30

PURPOSE/EDUCATIONAL VALUE Team outing to celebrate end of season

SOURCE OF FUNDING FOR TRIP Activity fund

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO:

☒ SPONSORING ORGANIZATION Girls Soccer ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____

NUMBER OF STUDENTS 23 FACULTY SPONSORS 1 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 24

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) Parents

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

Olivia Sanders
Signature of Faculty Sponsor

4/29/16
Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

M. Mercer
Signature of Superintendent/Designee

4/29/16
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: _____

School-Related Student Trip Permission Slip, Medical Release Form,
Transportation Waiver Form

WAIVER AND RELEASE RE: NON-SCHOOL DISTRICT TRANSPORTATION FOR SCHOOL TRIPS

I am the parent/guardian of _____ who has qualified to
 _____ Name of Student
 go on the following school-sponsored or student-endorsed trip:

 Insert description of school trip activity

I understand that the District will make transportation available to the above listed Student in district-owned vehicles or by Board approved _____ common carriers in connection with this trip or activity.

provide such transportation for the Student and waive any privilege or right to transportation in connection with the transportation of the Student in connection with the above listed trip. I further agree to indemnify, hold harmless and release from liability the Board of Education of Spencer County, Kentucky, its officers, agents, and employees from any suit, demand, injuries, damages, or claims for damages of any form or description arising or said to arise out of the use of non-school transportation which I specifically authorize by signing below.

to transport the Student

I understand and agree to assume no liability, either the means or safety of the connection with the above school trip or activity. By signing below, I am specifically exercising my right and prerogative as a parent/guardian to transport or consent to the transport of the Student by private means in a non-school vehicle to the destination(s) called for by the school trip or activity even though I understand District transportation is available. I further agree to indemnify, hold harmless and release from liability the Board of Education of Spencer County, Kentucky, its officers, agents, and employees from any suit, demand, injuries, damages, or claims for damages of any form or description arising or said to arise out of the use of non-school transportation which I specifically authorize by signing below.

~~CASH EXPRESS~~
888-888-8899
EACH PARENT
WILL FILL OUT
THIS FORM
ATTACHED →

I understand that the District will provide transportation for the Student and waive transportation in connection with the transportation of the Student in connection with the above listed trip. I further agree to indemnify, hold harmless and release from liability the Board of Education of Spencer County, Kentucky, its officers, agents, and employees from any suit, demand, injuries, damages, or claims for damages of any form or description arising or said to arise out of the use of non-school transportation which I specifically authorize by signing below.

 "N/A" if parent/guardian is transporting.

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 Signature of parent/guardian Parent/Guardian of _____

 Name of student

 Signature of Witness

 Date Received Signature of Principal/designee

(TO BE KEPT ON FILE FOR ONE {1} YEAR FROM DATE OF RECEIPT)

Review/Revised:5/24/2004