

COPIED: LANCASTER
CRENSHAW
GROSS

ARNOLD
4-27-16 c.f.

School-Related Student Trip Request Form

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

SCHOOL SCMS

FACULTY MEMBER(S) SPONSORING TRIP

Michelle Gross + 7th grade teachers

TYPE OF TRIP (CHECK ONE):

☒ Classroom Field Trip

☒ Class Trip (i.e., junior, senior), specify

☐ Other (athletic, band, if applicable)

☐ Organization/Club Trip, specify

DESTINATION King Pin Lane

ADDRESS

9525 Taylorsville Rd

STown ky

PHONE

502-919-546

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP 5/16/16

DEPARTURE TIME

9:00

RETURN TIME

2:00

PURPOSE/EDUCATIONAL VALUE

After K Prep testing trip teaching how to score bowling manually

SOURCE OF FUNDING FOR TRIP

Student paid

0 412 818-0894-7115

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

235

FACULTY SPONSORS

10

OTHER CHAPERONES

2

TOTAL # OF PARTICIPANTS

247

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

Michelle Gross
Signature of Faculty Sponsor

4/26/16
Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval

M. Allen

Signature of Superintendent/Designee

4/27/16

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

34 miles round trip

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: 6

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor