

Copied - Arnold  
8-25-16  
(8)

Lunch @  
TG1 Friday's

### School-Related Student Trip Request Form

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

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP GT Hinton / Herndon  
TYPE OF TRIP (CHECK ONE):  
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☐ Organization/Club Trip, specify \_\_\_\_\_ ☒ Other (athletic, band, if applicable) GT  
DESTINATION The Louisville Palace ADDRESS 625 S. 4th St Louisville PHONE 502-583-4555  
☐ Out of State ☒ Out of County ☐ Within County  
☐ Overnight: give name, address, phone of lodging \_\_\_\_\_  
DATE(S) OF TRIP 12-1-16 DEPARTURE TIME 9:00 RETURN TIME 2:00pm  
PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP GT pay ticket & bus, Student pay  
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Lunch @ TG1 Friday's  
BILL TRIP EXPENSES TO:  
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY GT  
NUMBER OF STUDENTS 40 FACULTY SPONSORS 2 OTHER CHAPERONES 4  
TOTAL # OF PARTICIPANTS 46

#### 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

Carol Herndon  
Signature of Faculty Sponsor

Aug 24, 2016  
Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

M. M.  
Signature of Superintendent/Designee

8/26/16  
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: \_\_\_\_\_