

\*We will be visiting Signature  
once a month - more dates to come

~~\$30.00~~  
\$0

### School-Related Student Trip Request Form

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

SCHOOL Spencer County El. FACULTY MEMBER(S) SPONSORING TRIP Mrs. Sanford  
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 Signature Healthcare ADDRESS 625 Taylorsville Rd PHONE 477-8838

☐ Out of State ☐ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP Oct 31, 2016 DEPARTURE TIME 10:00 RETURN TIME 11:00 (leave at 11:00)

PURPOSE/EDUCATIONAL VALUE Community Service / Leader in Me  
Unit 8 / Finding Your Voice

SOURCE OF FUNDING FOR TRIP Spencer Co. Elementary

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 29 FACULTY SPONSORS 1 OTHER CHAPERONES 0

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

Stephanie Sanford

Signature of Faculty Sponsor

10/3/16

Date

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

[Signature]

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. Tipton 2. \_\_\_\_\_ Number of buses requested: 1

## Instructional Plan for Field Study/Special Event Learning Experience

Teacher: Stephanie Sanford

Class: 4th grade

Date: Oct. 31 (more dates to come)

Class Size: 29

### Instruction Plan

#### PRE Activities

Community Service Project: we will be visiting  
Signature Healthcare once a month, doing a  
variety of activities with the residents.

#### POST Activities

Discussion, sharing, reflection / include  
Leader in Me and 8 Habits

Reading/Writing/Math/Science/Social Studies/Arts and Humanities Strategies  
(Use any that apply)

Reading / Crafts with the residents / compassion  
+ friendship

Choose one post-assessment of learning activity:

- ☐ Open Response Prompt: \_\_\_\_\_
- ☐ Student Product: Reflection + discussion
- ☐ Performance Event: \_\_\_\_\_
- ☐ Writing for Authentic Audience: \_\_\_\_\_

Adaptations or Special Strategies (if applicable)

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