Related Student Trip Request Form SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP. SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP And Ledelen TYPE OF TRIP (CHECK ONE): ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify Organization/Club Trip, specify Honor Band Other (athletic, band, if applicable) DESTINATION More head KY ADDRESS 115 Bair & Maic Hall PHONE ☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging_ DATE(S) OF TRIP 1/19/16 DEPARTURE TIME 6314 RETURN TIME 11 2mm PURPOSE/EDUCATIONAL VALUE Honor Band Student competition SOURCE OF FUNDING FOR TRIP Students NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: ■ SPONSORING ORGANIZATION □ SCHOOL COUNCIL □ BOARD ■ OTHER, SPECIFY Band to:p accent NUMBER OF STUDENTS FACULTY SPONSORS_ OTHER CHAPERONES paren +5 TOTAL # OF PARTICIPANTS \2+ 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) Paren +5 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 Signature of Faculty Sponsor Trip has been □ approved □ disapproved. Reason for disapproval

Signature of Superintendent/Designee	Date	
For overnight and/or out-of-state trips, approval of the superintendent an	d/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:	Send copy to lunchroom:	□No
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:	