#11 perstudent includes admission + bus

School-Related Student Trip Request Form Pott	
SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.	
SCHOOL TES FACULTY MEMBER(S) STYPE OF TRIP (CHECK ONE):  Classroom Field Trip	
□ Organization/Club Trip, specify □ Other (athletic, band, if applicable) □ Louisville Sluggey	
DESTINATION MUSCUM ADDRESS €  Out of State County Within County	LOWISVITTE, FY
DATE(S) OF TRIP <u>Dec.</u> DEPARTURE TO DEPARTUR	TIME 9:00 AM RETURN TIME 2:00
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BE BILL TRIP EXPENSES TO:	ECAUSE OF AN INABILITY TO PAY.
□ SPONSORING ORGANIZATION □ SCHOOL COUNCIL  NUMBER OF STUDENTS 199 FACULTY SPONSORS  TOTAL # OF PARTICIPANTS 100	□ BOARD □ OTHER, SPECIFY  OTHER CHAPERONES 15
MODE OF TRANSPORTATION  IS DISTRICT TRANSPORTATION NEEDED? □NO □ CERTIFICATED COMMON CARRIER; SPECIFY	YES, SEE PROCEDURE 09.36 AP.212.
☐ 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	
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 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
Adminsion to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Send copy to lunchroom:
Overnight lodging: Single room Driver time starts 15 min. before departure and ends 15 min. after arrival	•
	Number of buses requested: