Local

School-Related Student Trip Request Form

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SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.	
SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP BROWLESOM	_
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 Within County Within County Louisville 40272	_
Overnight: give name, address, phone of lodging	
PURPOSE/EDUCATIONAL VALUE JCPS & Kentucky Health Cares Con Job Niring fair for senior health care confication source of funding for TRIP HOSA	(X)
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 14 FACULTY SPONSORS 1 OTHER CHAPERONES	_
TOTAL # OF PARTICIPANTS	
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.)	منيور
Have all chaperones undergone the required records AOC check and been designated by the principal/designee to supervise students? NO NO	ne
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Signature of Faculty Sponsor Date	
Trip has been approved disapproved. Reason for disapproval	
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gnature of Sperintendent/Designee Date	.
For premight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36.	ı
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: No	
Admission to event provided by sponsor:	
Overnight lodging: Single room Driver time starts 15 min. before departure and ends 15 min. after arrival	
Driver requested: 1. Reaution ² . Number of buses requested:	