

COPIED: -HUFF
-CRENSHAW
-KELSI EDLEN

-ARNOLD

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School-Related Student Trip Request Form

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

SCHOOL SCMS

FACULTY MEMBER(S) SPONSORING TRIP

Edlen

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☐ Organization/Club Trip, specify Choir ☒ Other (athletic, band, if applicable)

DESTINATION

Ordham Co Arts Center

ADDRESS

7105 Floydson Rd (502)
Crestwood, KY 40014

PHONE 241-6018

- ☐ Out of State ☐ Out of County ☐ Within County

☒ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP April 12, 2017

DEPARTURE TIME

8:15am

RETURN TIME

7:50pm

PURPOSE/EDUCATIONAL VALUE

to receive a rating from judges

and have an assessment.

SOURCE OF FUNDING FOR TRIP

Choir

041118-0894-51 Field Trip

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

110

FACULTY SPONSORS

1

OTHER CHAPERONES

2

TOTAL # OF PARTICIPANTS

113

MODE OF TRANSPORTATION

3 buses

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

Kelsi Edlen

Signature of Faculty Sponsor

3-7-17

Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

M. Mercer

Signature of Superintendent/Designee

3/7/17

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: _____