

COPIED 3 - HUFF  
- CRENSHAW  
- STAMPER

- ARNOLD  
2-23-17 c.j.

\$ 0.00

### School-Related Student Trip Request Form

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

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP Stamper

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Martha Layne Collins MS ADDRESS Shelby Co. PHONE \_\_\_\_\_

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP Tuesday, 3/14 DEPARTURE TIME 9:15 AM RETURN TIME 2 PM

PURPOSE/EDUCATIONAL VALUE to participate in KMEA concert Assessment

SOURCE OF FUNDING FOR TRIP Band Funds

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 120 FACULTY SPONSORS 1 OTHER CHAPERONES 3

TOTAL # OF PARTICIPANTS 124 - 4 Buses

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

Taylor C Stamper  
Signature of Faculty Sponsor

2-22-17  
Date

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

M. Allen  
Signature of Superintendent/Designee

2/23/17  
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: \_\_\_\_\_