

Copied:
HUFF
CRENSHAW
FVLATE

ARNOLD
3-21-17

\$11 per student

School-Related Student Trip Request Form

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

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP Sarah Fugate (+7th grade teachers)

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 7th grade
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION Kimpin Lanes ADDRESS 9525 Taylorsville Rd. Jeffersonville, KY 40299 PHONE 502-719-5464
☐ Out of State ☒ Out of County ☐ Within County
☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 5-15-17 DEPARTURE TIME 9:00 RETURN TIME 2:
PURPOSE/EDUCATIONAL VALUE 7th grade trip while 6th + 8th are still testing connections to all core content - math, sci, SS, ELA
SOURCE OF FUNDING FOR TRIP BUSES - SBDM Funds Bowling + Lunch - students pay

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY Bowling Alley Fees - 0412818-089471115
NUMBER OF STUDENTS 220 FACULTY SPONSORS 8 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 228

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

Sarah Fugate
Signature of Faculty Sponsor

3-20-17
Date

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

[Signature]
Signature of Superintendent/Designee

3/20/17
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: 6