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4-18-17

✓CAL
✓MATH
✓WEB

Less than
\$15

School-Related Student Trip Request Form

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

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP C. Collins / S. Parnell

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Pope Lick Park / Main Event ADDRESS Lonsville, KY PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 5/16/17 DEPARTURE TIME 8:30 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE _____

Reward for district / regional / state performance

SOURCE OF FUNDING FOR TRIP Academic Team 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 32 FACULTY SPONSORS 2 OTHER CHAPERONES 23

TOTAL # OF PARTICIPANTS 36

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

[Signature]

Signature of Faculty Sponsor

4/14/17
Date

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

[Signature]
Signature of Superintendent/Designee

4/14/17
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: 1

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4-18-17

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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 Karen Left

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 Louisville Boat ADDRESS 401 E Main St Louisville PHONE 212-2287

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

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

DATE(S) OF TRIP 5/3/17 DEPARTURE TIME 9:00 RETURN TIME 4:00

PURPOSE/EDUCATIONAL VALUE

SOURCE OF FUNDING FOR TRIP donations - to kids club

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

BILL TRIP EXPENSES TO:

- ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY Kids club

NUMBER OF STUDENTS 15 FACULTY SPONSORS 3 OTHER CHAPERONES 4

TOTAL # OF PARTICIPANTS 22

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

Signature of Faculty Sponsor

Date

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

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: _____

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VCAL
VMA
VNEB

No Charge
To Student

School-Related Student Trip Request Form

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

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP 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 Waterford Park ADDRESS Hwy 44 PHONE 502-376-9850

- ☐ Out of State
- ☐ Out of County
- ☒ Within County
- ☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 5-12-17 DEPARTURE TIME 9:00 RETURN TIME 12:00
PURPOSE/EDUCATIONAL VALUE KPrep Relief

SOURCE OF FUNDING FOR TRIP SBDM

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 217 FACULTY SPONSORS 6 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 223

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

Sandra Jacobson
Signature of Faculty Sponsor

4/17/17
Date

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

Alf Larson
Signature of Superintendent/Designee

4/17/17
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

COPIED: HUFF
FAYED: OREN SHAW
PENROD

APPROVED
4-18-17
CJ

V CAL
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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 Penrod

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 6th Grade
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION Waterford Park ADDRESS _____ PHONE _____

- ☐ Out of State ☐ Out of County ☒ Within County
☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP May 22, 2017 DEPARTURE TIME 9 RETURN TIME 11

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP scms site base

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

BILL TRIP EXPENSES TO:

- ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY scms site base

NUMBER OF STUDENTS 228 FACULTY SPONSORS 10 OTHER CHAPERONES 10

TOTAL # OF PARTICIPANTS 248

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

Signature of Faculty Sponsor

4-18-17
Date

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

M. Spencer
Signature of Superintendent/Designee

4/18/17
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: _____