School-Related Student Trip Request Form & Seemail
SUBMITTHIS FORM TWO (2) WEEKS PRICE SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP BOCKLO INCOM TYPE OF TRIP (CHECK ONE): ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify_ Organization/Club Trip, specify HOSA officers

Other (athletic, band, if applicable) Juniar Achievement 1401 W Muhammad Ali DESTINATION OF Kentuckiana ADDRESS Louisville ☐ Out of State Out of County ☐ Within County Overnight: give name, address, phone of lodging DATE(S) OF TRIP 9-7-2017 DEPARTURE TIME 8:00 RETURN TIME 2:18 PURPOSE/EDUCATIONAL VALUE_FOY SOURCE OF FUNDING FOR 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 FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS MODE OF TRANSPORTATION YES, SEE PROCEDURE 09.36 AP.212. IS DISTRICT TRANSPORTATION NEEDED? INO ☐ 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 Nacothy Beauty on Signature of Faculty Sponsor Trip has been approved disapproved. Reason for disapproval Signature of Superintendent/Designee 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 Meals provided by sponsor:

Yes No No Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week Send copy to lunchroom: ☐ Yes □ No Admission to event provided by sponsor: ☐ 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 Brett Driver requested: 1. Beaverson 2. Number of buses requested: