

CAPED  
HVT  
CRENSHAW  
MATHENS

ARNOLD  
9-6-17

V CAL  
V HAT  
V WEB

\$65

# School-Related Student Trip Request Form

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

emailed  
9-7-17  
to bus as  
not 7

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP L. Mathews

## TYPE OF TRIP (CHECK ONE):

- ☒ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify 8th grade  
☐ Organization/Club Trip, specify ☐ Other (athletic, band, if applicable)

DESTINATION KY Expo Center ADDRESS 937 Phillips Lane PHONE 502-367-5000

- ☐ Out of State ☒ Out of County ☐ Within County LEWISVILLE 40209  
☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP Oct. 24th DEPARTURE TIME 8:45am RETURN TIME 1:30pm

PURPOSE/EDUCATIONAL VALUE College & Career - Jr. Achievement

Inspire Conference

SOURCE OF FUNDING FOR TRIP District Activity Field Trip Account

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 230 FACULTY SPONSORS 8 OTHER CHAPERONES

TOTAL # OF PARTICIPANTS 238

## 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

Lillian Mathews  
Signature of Faculty Sponsor

9/5/17  
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Matt Neuen  
Signature of Superintendent/Designee

9/5/17  
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: 2

Mk fur  
A Cox 9/7

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor