

School-Related Student Trip Request Form

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

SCHOOL SCMS

FACULTY MEMBER(S) SPONSORING TRIP

GT

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip

☒ Class Trip (i.e., junior, senior), specify Senior GT students

☐ Organization/Club Trip, specify _____

☐ Other (athletic, band, if applicable)

DESTINATION Bellarmine University

ADDRESS 2001 Newburg Road

Waverly, KY 40205

PHONE _____

☐ Out of State ☐ Out of County ☐ Within County

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

DATE(S) OF TRIP November 14, 2017

DEPARTURE TIME 9am

RETURN TIME 2pm

PURPOSE/EDUCATIONAL VALUE

College reading education

SOURCE OF FUNDING FOR TRIP

GT

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 40

FACULTY SPONSORS 3

OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 43

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: _____