

* More dates to come / once a month

Of \$2.50

School-Related Student Trip Request Form

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

SCHOOL Spencer Co. El. FACULTY MEMBER(S) SPONSORING TRIP Sanford

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 Signature Healthcare ADDRESS 625 Taylorsville Rd. PHONE 477-8838
☐ Out of State ☐ Out of County ☒ Within County

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

DATE(S) OF TRIP Sept. 22 DEPARTURE TIME 10:00 RETURN TIME 11:15

PURPOSE/EDUCATIONAL VALUE Community Service Project

SOURCE OF FUNDING FOR TRIP Students

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 23 FACULTY SPONSORS 1 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 24

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

Stephanie Sanford
Signature of Faculty Sponsor

9-6-17
Date

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

[Signature]
Signature of Superintendent/Designee

9-12-17
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

Instructional Plan for Field Study/Special Event Learning Experience

Teacher: Stephanie Sanford

Class: 5th grade

Date: Sept. 22 and once a month after

Class Size: 23

Instruction Plan

PRE Activities

Community Service Project: we will be visiting
Signature Healthcare once a month, doing a
variety of activities with the residents

POST Activities

Discussion, sharing, reflection/include
Leaders in Me and 8 Habits

Reading/Writing/Math/Science/Social Studies/Arts and Humanities Strategies (Use any that apply)

Reading / Crafts / Games / Compassion /
Kindness

Choose one post-assessment of learning activity:

- ☐ Open Response Prompt: _____
- ☒ Student Product: Reflection / Discussion
- ☐ Performance Event: _____
- ☐ Writing for Authentic Audience: _____

Adaptations or Special Strategies (if applicable)
