

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.

SCHOOL SLES FACULTY MEMBER(S) SPONSORING TRIP Lauren Ramage
1444 Iuka Rd
 DESTINATION Carrot Top Farms ADDRESS Iuka Grand Rivers, Ky. PHONE 270-928-2718
270-305-9088

☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)

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

DATE(S) OF TRIP Fri., Oct. 6th DEPARTURE TIME 10:30 am RETURN TIME 2:00 pm

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY General Fund

NUMBER OF: STUDENTS 51 FACULTY SPONSORS 5 OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS 56

MODE OF TRANSPORTATION

☒ DISTRICT OWNED BUS (SPECIFY # NEEDED) 1 LUGGAGE CARRIER? (SPECIFY) Yes (for Lunches)

☐ DISTRICT OWNED VEHICLE(S) (SPECIFY) _____

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.) _____

Students will pay - School will pay if they can't.

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36

Lauren B. Ramage
 Signature of Faculty Sponsor

9-19-17
 Date

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

Bucky Dunning
 Signature of Superintendent/Designee

9-19-17
 Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.

RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised:9/12/2016

South Livingston Elementary

Becky Dunning, Principal
850 Cutoff Road
Smithland, KY 42081

Phone 270-928-3500
Fax 270-928-3530

Field Trip Permission Request

Class(es): Kindergarten Teacher(s): Mrs. Lauren & Mrs. Whitney
Date: Fri., Oct. 6th Destination: Carrot Top Farm a local pumpkin patch
Cost (which includes): _____

Departure Time (from school): 10:30am Arrival Time (back at school): 2:00 pm

Core Content/Standards Addressed: 3.4.1

Activities prior to trip: Basic needs of plants to grow.

Other Information: Sack lunches will be provided by school.

Becky Dunning, Principal

Please complete and return this portion to your child's teacher. Keep the top portion for your information.

I give my child, _____, permission to attend the

field trip on Oct. 6th to Carrot Top Farm

I hereby give permission for my child to participate in the above mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

Parent's Signature _____

Date _____

Telephone Number _____

Other Emergency Contact Number _____