

*Students need lunch money only

See Santa & bus special Ed

School-Related Student Trip Request Form

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

SCHOOL Spencer County FACULTY MEMBER(S) SPONSORING TRIP Jaroszek, Hawkins, Fleming, Flickel

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 St. Matthews Mall ADDRESS 5000 Shelbyville Rd Louisville, KY 40207 PHONE (502) 893-0311

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 12/15/17 DEPARTURE TIME 9:00am RETURN TIME 1:30pm
PURPOSE/EDUCATIONAL VALUE Social, use of Community, Holiday Traditions

SOURCE OF FUNDING FOR TRIP Students pay for bus + lunch

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 32 FACULTY SPONSORS 20 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 52 Some are taking private vehicle only for their transport

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

Shirley Jaroszek
Signature of Faculty Sponsor

11-16-17
Date

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

[Signature]
Signature of Superintendent/Designee

11-17-17
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: _____

Instructional Plan for Field Study/Special Event Learning Experience

Teacher: Lindsey Jaroszek

Class: Distinct MSD classes

Date: 12-15-17

Class Size: 32 students 20 adults

Instruction Plan

PRE Activities

Holiday Traditions

Reading Activity

Social Story

POST Activities

Writing about field trip / picture story

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

Reading, Writing, Math, ~~Science~~

Choose one post-assessment of learning activity:

☐ Open Response Prompt: _____

☒ Student Product: _____

☐ Performance Event: _____

☐ Writing for Authentic Audience: _____

Adaptations or Special Strategies (if applicable)
