

## School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Alcorn

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 Collins HS ADDRESS 801 Discovery Blvd. PHONE 502-647-1160

☐ Out of State ☒ Out of County ☐ Within County Shelbyville, KY

☐ Overnight: give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 1/5/17 + 1/6/17 DEPARTURE TIME 7:45 am RETURN TIME 9:00 pm

PURPOSE/EDUCATIONAL VALUE Students auditioned + were selected to perform w/ top musicians from around our District

SOURCE OF FUNDING FOR TRIP Students / Band Club

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 \_\_\_\_\_ FACULTY SPONSORS \_\_\_\_\_ OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 8

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES, SEE PROCEDURE 09.36 AP.212.

☐ CERTIFICATED COMMON CARRIER; SPECIFY School Van

☐ 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

Jma Alcorn

Signature of Faculty Sponsor

12/13/17

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: \_\_\_\_\_