

School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Heidi Heiss - 4th Gr. Teachers
TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 4th Grade Career/College Awareness
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION Univ. of Ky. ADDRESS 140 Patterson Dr. Lexington, KY PHONE 859-257-3595
☐ Out of State ☒ Out of County ☐ Within County
☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP Apr. 10, 2018 DEPARTURE TIME 9:00 RETURN TIME 2:00
PURPOSE/EDUCATIONAL VALUE college awareness - District initiative

SOURCE OF FUNDING FOR TRIP students/families will provide funding SBDM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: \$430 (buses) - no admission costs

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY SBDM

NUMBER OF STUDENTS 109 FACULTY SPONSORS 6 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 115

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

Michael J. Finch
Signature of Faculty Sponsor

2/9/18
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 56 miles x 2
Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week

Admission to event provided by sponsor: ☐ Yes ☐ No

Overnight lodging: Single room

Driver time starts 15 min. before departure and ends 15 min. after arrival

Driver requested: 1. _____ 2. _____

Meals provided by sponsor: ☐ Yes ☐ No

School lunch

Send copy to lunchroom: ☒ Yes ☐ No

Bus limits: 2 persons per seat

Number of buses requested: 2

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor