

OUT OF STATE

# School-Related Student Trip Request Form

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

SCHOOL Taylorville Elem. FACULTY MEMBER(S) SPONSORING TRIP Kindergarten Team

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 Derby Dinner Playhouse ADDRESS 525 Marriott Dr., Clarksville, IN 47129 PHONE 912-288-8281

☒ Out of State ☐ Out of County ☐ Within County

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

DATE(S) OF TRIP Dec. 7, 2018 DEPARTURE TIME 9:00AM RETURN TIME 12:30pm

PURPOSE/EDUCATIONAL VALUE View theatrical performance - A Velveteen Rabbit Christmas

SOURCE OF FUNDING FOR TRIP Students and Parents Cost \$10. per person

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 100 FACULTY SPONSORS 13 OTHER CHAPERONES 112

TOTAL # OF PARTICIPANTS Approx. 250

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.) TBA

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

Ruth Clay Sweazy  
Signature of Faculty Sponsor

August 16, 2018  
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. Tracy Lawson 2. \_\_\_\_\_

Number of buses requested: 4

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor