School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.	
CHOOL TEG Preschool faculty member(s) sponsoring trip	
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 JUVEIN FOUNDADDRESS 1020 VIGO Rd PHONE 502.633-484 Out of State Out of County Within County Shellow in 40065	9
Overnight: give name, address, phone of lodging	
DATE(S) OF TRIP UCT & OCT OF DEPARTURE TIME 9:15 RETURN TIME 3:00 PURPOSE/EDUCATIONAL VALUE	
Source of Funding For trip per student & 6.00	
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 65 FACULTY SPONSORS 9 OTHER CHAPERONES	
TOTAL # OF PARTICIPANTS 743 A-PProx	
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?	
Signature of Faculty Sponsor Date	
Trip has been ☐ approved ☐ disapproved. Reason for disapproval	
1010	
Signature of Superintendent/Designee Date	
or 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 Meals provided by sponsor: Yes No No Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week	
Admission to event provided by sponsor:	
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:	