

School-Related Student Trip Request Form

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

SCHOOL Taylorville Elem FACULTY MEMBER(S) SPONSORING TRIP Phrosch/Griffith

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify GT
☐ Organization/Club Trip, specify GT ☒ Other (athletic, band, if applicable)

DESTINATION Speed Art Museum ADDRESS 2035 South Third St. PHONE 502-634-2700

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP Fall? DEPARTURE TIME 9 am RETURN TIME 2 pm

PURPOSE/EDUCATIONAL VALUE view art and analyze elements of art, develop global perspective

SOURCE OF FUNDING FOR TRIP GT

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO:

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

NUMBER OF STUDENTS 37 FACULTY SPONSORS 2 OTHER CHAPERONES 6

TOTAL # OF PARTICIPANTS 45

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

Brandi Phrosch
Signature of Faculty Sponsor

9/13/18
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

[Signature]
Signature of Superintendent/Designee

9-17-18
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: _____