School-Related Student Trip Request Form

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

SCHOOL _SCES_   FACULTY MEMBER(S) SPONSORING TRIP _A. Phillips_

TYPE OF TRIP (CHECK ONE):
- ☐ Classroom Field Trip   ☒ Class Trip (i.e., junior, senior), specify _K/1/2/3/4/5_
- ☐ Organization/Club Trip, specify_____   ☐ Other (athletic, band, if applicable)

DESTINATION _Keystone Cinemas_ ADDRESS _220 Armstrong Lane_ _Mt. Washington_ PHONE _(502) 538-7701_
- ☐ Out of State ☐ Out of County ☐ Within County
- ☐ Overnight: give name, address, phone of lodging_____

DATE(S) OF TRIP _11/19 And 11/20_   DEPARTURE TIME _9:30_   RETURN TIME _12:00_

PURPOSE/EDUCATIONAL VALUE _To kick off our Grinch and Polar Express unit w/ reading & math connections_

SOURCE OF FUNDING FOR TRIP _Students_

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 _665_ FACULTY SPONSORS _40_ OTHER CHAPERONES_____

TOTAL # OF PARTICIPANTS _705_

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

[signature]

_____
Signature of Faculty Sponsor   Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval_____

[signature]   _11-1-2018_
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

Send copy to lunchroom: ☐ Yes ☐ No

Admission to event provided by sponsor: ☐ 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:_____

11/19/18 - 6 buses
11/20/18 - 6 buses + 1 bus for FMD

_11/19/18_

_$10.- PF_