School-Related Student Trip Request Form

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

SCHOOL **Taylorsville Elem.** FACULTY MEMBER(S) SPONSORING TRIP **Jennifer White**

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 **Jefferson Memorial Forest** ADDRESS **1311 Mitchell Hill Rd Fairdale K** PHONE **502-366-5432**

☐ Out of State ☐ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging_____

DATE(S) OF TRIP **4-10-19 & 4-10-19** DEPARTURE TIME_____ RETURN TIME_____

PURPOSE/EDUCATIONAL VALUE_____

SOURCE OF FUNDING FOR TRIP_____

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 **112** FACULTY SPONSORS **6** OTHER CHAPERONES_____

TOTAL # OF PARTICIPANTS **118**

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES, SEE PROCEDURE 09.36 AP.212.

☑ CERTIFICATED COMMON CARRIER; SPECIFY **Miller Transportation**

☐ 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

Jennifer White   **10/22/18**

Signature of Faculty Sponsor   *Date*

Trip has been ☐ approved ☐ disapproved. Reason for disapproval_____

Signature of Superintendent/Designee   **1-20-18**   *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

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

Send copy to lunchroom: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Number of buses requested: **1 per day**

White Copy - Central Office   Yellow Copy - Bus Driver   Pink Copy - School Sponsor