

OK

## School-Related Student Trip Request Form

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

SCHOOL Spencer Co. El FACULTY MEMBER(S) SPONSORING TRIP Sanford

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 Signature Healthcare ADDRESS 625 Taylorsville Rd PHONE 4778838

☐ Out of State   ☒ Out of County   ☐ Within County

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

DATE(S) OF TRIP Dec. 18 DEPARTURE TIME 1100 RETURN TIME 1200

PURPOSE/EDUCATIONAL VALUE Community Service

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 26 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 27

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

12-6  
Date

Trip has been ☒ approved   ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

12-6-18  
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: 1