Douting

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.
SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP BOQUELDON
TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
Organization/Club Trip, specify TARS Other (athletic, band, if applicable)
DESTINATION State Capital + 1 unch ADDRESS Frankfort Ky PHONE Out of State XOut of County Within County
Overnight: give name, address, phone of lodging
PURPOSE/EDUCATIONAL VALUE Meet with legislators and touthe capital ouilding; learn more of state got source of funding for trip. NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. 40 STU
BILL TRIP EXPENSES TO:
SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY
NUMBER OF STUDENTS 20 FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS 2
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 2-1-19 Signature of Faculty Sponsor Date
Trip has been □ approved □ disapproved. Reason for disapproval
Signature of Superintendent/Designee Signature of Superintendent/Designee 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:
Overnight lodging: Single room Driver time starts 15 min. before departure and ends 15 min. after arrival
Driver requested: 1. Remuelo and Number of buses requested: