

Day Trip

School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Rose Nash

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Freedom Hall ADDRESS 937 Phillips Ln. Louisville, KY PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 3/15/19 DEPARTURE TIME 2pm RETURN TIME 6:30pm
PURPOSE/EDUCATIONAL VALUE State tournament

SOURCE OF FUNDING FOR TRIP Accehcy

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

BILL TRIP EXPENSES TO:

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

NUMBER OF STUDENTS 1 FACULTY SPONSORS 1 OTHER CHAPERONES 2

TOTAL # OF PARTICIPANTS 4

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) his mom, Amy Holmes

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

Rose Nash
Signature of Faculty Sponsor

3/11/19
Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

3/18/19
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: _____

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor