

P0 # 2210

School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Stefanie Frame

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 Stage One ADDRESS 315 W. Market St. PHONE 502-498-2436
☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP April 16th DEPARTURE TIME 9:00 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE theatre/Arts experience

SOURCE OF FUNDING FOR TRIP compare/contrast text to play
students \$12.50

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 84 FACULTY SPONSORS 6 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 90

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

Stefanie Frame 3/12/19
 Signature of Faculty Sponsor Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____
[Signature] 3/18/19
 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

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: _____

\$12.50 per student

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor

School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Caricco, Drake, Tackett, Wall

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 Ky Derby Museum ADDRESS 704 Central Ave PHONE 502 637-1111
Louisville, Ky 40206

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP April 12, 2019 DEPARTURE TIME 9:00 RETURN TIME 1:30

PURPOSE/EDUCATIONAL VALUE 62.0.1 Dist. between physical characteristics

with our community with those of another community

SOURCE OF FUNDING FOR TRIP Students / Title I

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 92 FACULTY SPONSORS 5 OTHER CHAPERONES 16

TOTAL # OF PARTICIPANTS 113

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

Amha Wall
Signature of Faculty Sponsor

3-15-19
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: _____

\$4.50 per student + bus

* waiting to hear back from transportation

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor

✓ Colleen Huff

School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Burkholder

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 11th grade
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION U of L ADDRESS 2301 S. 3rd PHONE 800-344-U of L
☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP May 15, 19 DEPARTURE TIME 10:00 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP University visit
parent/family

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 214 FACULTY SPONSORS 12+ OTHER CHAPERONES 0

TOTAL # OF PARTICIPANTS 226

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

Murphy
Signature of Faculty Sponsor

3/18/19
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 72 miles

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: _____

Charge to Student

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor

School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP 4th grade teacher

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 University of Kentucky ADDRESS Lexington KY 40506 PHONE 859-257-90

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 4-24-19 DEPARTURE TIME 9:00 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE college visit (career readiness)

SOURCE OF FUNDING FOR TRIP SBDM funds

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

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY SBDM funds

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 _____

☐ 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
Signature of Faculty Sponsor

2/28/19
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

\$360.00

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: 2

Charge to Student

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor