

TBB-21st CCLC  
NO cost to student

### School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Annette King

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☐ Organization/Club Trip, specify Summer program TBB-21st CCLC ☒ Other (athletic, band, if applicable)

DESTINATION Salato Wildlife Education ADDRESS #1 Sportsman Lane  
Frankfort Ky 40601 PHONE 502-504-7863

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 7/12/19 DEPARTURE TIME 9:20 RETURN TIME 2:20

PURPOSE/EDUCATIONAL VALUE Students will learn about animals and their habitats that are native to Kentucky

SOURCE OF FUNDING FOR TRIP 21st Century Community Learning Center

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

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY 21st CCLC

NUMBER OF STUDENTS 100 FACULTY SPONSORS \_\_\_\_\_ OTHER CHAPERONES 10

TOTAL # OF PARTICIPANTS \_\_\_\_\_  
(TBB Staff and Volunteers)

MODE OF TRANSPORTATION

\$3.00 per student; buses

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

Annette King

Signature of Faculty Sponsor

4/9/2019

Date

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

[Signature]

Signature of Superintendent/Designee

4-16-19

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

(USDA)

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

TBB- 21st CCLC  
No Cost to Student

### School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Annette King

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☐ Organization/Club Trip, specify Summer Program TBB-21st CCLC ☒ Other (athletic, band, if applicable)

DESTINATION Kentucky Science Center ADDRESS 727 Westmain St PHONE 502-561-6100  
☐ Out of State ☐ Out of County ☐ Within County Louisville, Ky 40202

☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP 6/28/2019 DEPARTURE TIME 9:20 RETURN TIME 2:20

PURPOSE/EDUCATIONAL VALUE Kentucky Science Center students to

experience hands on experiments, ask questions, investigate an actual  
SOURCE OF FUNDING FOR TRIP KY 21st CCLC (21st Century Community Learning Center)

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

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY \_\_\_\_\_

NUMBER OF STUDENTS 100 FACULTY SPONSORS \_\_\_\_\_ OTHER CHAPERONES 10

TOTAL # OF PARTICIPANTS \_\_\_\_\_

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

Annette King

Signature of Faculty Sponsor

4/9/2019

Date

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

[Signature]

Signature of Superintendent/Designee

4-16-19

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

Overnight lodging: Single room

Bus limits: 2 persons per seat  
(USDA - program)

Driver time starts 15 min. before departure and ends 15 min. after arrival

Driver requested: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Number of buses requested: 2

TBB- 21st CCLC  
NO Cost to Student

### School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Annette King

TYPE OF TRIP (CHECK ONE):

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

Summer program - TBB- 21st CCLC

DESTINATION Keystone Cinemas ADDRESS 220 Armstrong Ln (502) 538-7701  
☐ Out of State ☐ Out of County ☐ Within County Mt. Washington KY

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

DATE(S) OF TRIP July 19, 2019 DEPARTURE TIME 9:20 RETURN TIME 2:20

PURPOSE/EDUCATIONAL VALUE - See New Release of Lion King ties into the Summer Learning Safari.

SOURCE OF FUNDING FOR TRIP District will cover admission and 21st CCLC

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. Will pay for drivers and fuel cost

BILL TRIP EXPENSES TO:

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

NUMBER OF STUDENTS 100 FACULTY SPONSORS \_\_\_\_\_ OTHER CHAPERONES 10

TOTAL # OF PARTICIPANTS \_\_\_\_\_

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

Annette King

Signature of Faculty Sponsor

4/9/2019

Date

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

[Signature]

Signature of Superintendent/Designee

4/16/19

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

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

(USDA)

Send copy to lunchroom: ☒ Yes ☐ No

Bus limits: 2 persons per seat

Number of buses requested: 2

TBB- 21st CCLC  
no cost to student

### School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Annette Kung

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☐ Organization/Club Trip, specify Summer program TBB- 21st CCLC ☒ Other (athletic, band, if applicable)

Rauch  
Planetarium

DESTINATION Greens Science Hall ADDRESS University of Louisville PHONE (502) 852-6665  
☐ Out of State ☐ Out of County ☐ Within County Louisville, Ky 40292

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

DATE(S) OF TRIP 6/21/2019 DEPARTURE TIME 9:20 RETURN TIME 2:20

PURPOSE/EDUCATIONAL VALUE Greens Science Hall + Rauch Planetarium

is designed to provide a unique learning environment for astronomy + science education

SOURCE OF FUNDING FOR TRIP 21st CCLC (21st Century Community Learning Center)

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 100 FACULTY SPONSORS \_\_\_\_\_ OTHER CHAPERONES 10

TOTAL # OF PARTICIPANTS \_\_\_\_\_

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

Annette Kung

Signature of Faculty Sponsor

4/9/2019

Date

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

[Signature]

Signature of Superintendent/Designee

4-16-19

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  
(USDA - program)

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

# School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP 3<sup>rd</sup> Grade - Pence

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 Louisville Slugger + Museum Factory ADDRESS 900 W. Main PHONE (502) 588-7227  
☐ Out of State ☒ Out of County ☐ Within County Louisville, KY

☐ Overnight: give name, address, phone of lodging Riverfront for lunch.

DATE(S) OF TRIP May 10<sup>th</sup> DEPARTURE TIME 9:00 AM RETURN TIME 2:00 PM

PURPOSE/EDUCATIONAL VALUE Career Readiness

SL 3.3 - Ask and Answer Questions

SOURCE OF FUNDING FOR TRIP \$8 per slugger ticket + \$4 for bus = \$12 per student

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

BILL TRIP EXPENSES TO:

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

NUMBER OF STUDENTS 96 FACULTY SPONSORS 20 OTHER CHAPERONES 20+  
TOTAL # OF PARTICIPANTS 122+ (on bus) Volunteers + 6 staff (NOT ON BUS)

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

Kay Pence  
Signature of Faculty Sponsor

4/9/19  
Date

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

[Signature]  
Signature of Superintendent/Designee

4-16-19  
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: \_\_\_\_\_

# School-Related Student Trip Request Form

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

SCHOOL Taylorsville Elem. FACULTY MEMBER(S) SPONSORING TRIP Kindergarten Team-

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 Louisville Zoo ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP May 15, 2019 DEPARTURE TIME 9:10AM RETURN TIME 2:00pm

PURPOSE/EDUCATIONAL VALUE The Louisville Zoo serves as a living classroom, helping students of all ages develop an appreciation for and sense responsibility toward the animal and plant

SOURCE OF FUNDING FOR TRIP Students and adults attending-

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 96 FACULTY SPONSORS 10 OTHER CHAPERONES 80

TOTAL # OF PARTICIPANTS 186

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

March 28, 2019  
Date

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

[Signature]  
Signature of Superintendent/Designee

4-16-19  
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. Tracy Lawson 2. Lynn Hughes Number of buses requested: 2

Approximate  
Cost  
\$14-per  
perso  
Sweaz  
Berge  
Hu H  
Buyne  
Holl

# School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Frye, Cuthbert, Hinkle  
TYPE OF TRIP (CHECK ONE):  
☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 5<sup>th</sup> grade  
☐ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable) Zumbardo

DESTINATION Ray Jewel Park ADDRESS Ray Rd PHONE 502-477-9992  
☐ Out of State ☒ Out of County ☐ Within County  
☐ Overnight: give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP May 14, 19 DEPARTURE TIME 9:30 RETURN TIME 2:00  
PURPOSE/EDUCATIONAL VALUE Reward

SOURCE OF FUNDING FOR TRIP parents/families

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 116 FACULTY SPONSORS 8 OTHER CHAPERONES meeting us there.  
TOTAL # OF PARTICIPANTS \_\_\_\_\_

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

4/12/19  
Date

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

[Signature]  
Signature of Superintendent/Designee

4-16-19  
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

2.5 miles each way

Meals provided by sponsor: ☐ Yes ☒ No

Admission to event provided by sponsor: NK ☐ 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: \_\_\_\_\_

Amended - \* 4/17/19 to 5/1/19  
Transportation provided by Spence  
Co. Trans

# School-Related Student Trip Request Form

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

SCHOOL Taylorville Ele. FACULTY MEMBER(S) SPONSORING TRIP Melinda Harrelson

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

- ☐ Out of State ☒ Out of County ☐ Within County

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

\* DATE(S) OF TRIP 4/16 & 4/17 DEPARTURE TIME 9:00 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE Compare real life experiences to  
protagonist of novel, explore nature, build shelter. SS. 9.4.1 RL.4.3

SOURCE OF FUNDING FOR TRIP Students pay \$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 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

Melinda Harrelson  
Signature of Faculty Sponsor

9-3-18  
Date

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

[Signature]  
Signature of Superintendent/Designee

4/17/19  
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: 1 per day

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 Taylorsville Elem. FACULTY MEMBER(S) SPONSORING TRIP Heidi Heiss

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 5th grade  
☐ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable)

DESTINATION SCMS

ADDRESS 1263 Mt. Wash Rd PHONE 477-3260

☐ Out of State ☐ Out of County ☒ Within County

☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP May 16 DEPARTURE TIME 10:30 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE

District

SOURCE OF FUNDING FOR TRIP SDDM

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 109 FACULTY SPONSORS 6 OTHER CHAPERONES 4

TOTAL # OF PARTICIPANTS 119

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.) Lunchroom, PAs, ECE, IAs

Have all chaperones undergone the required records AOC check and been designated by the principal/designee to supervise students? ☒ YES ☐ NO all faculty

Heidi Heiss

Signature of Faculty Sponsor

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

[Signature]

Signature of Superintendent/Designee

4-6-19

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 changed to

Admission to event provided by sponsor: ☐ Yes ☒ No

Send copy to lunchroom: ☒ Yes ☐ No @SCMS, TES for info

Bus limits: 2 persons per seat

Overnight lodging: Single room

Driver time starts 15 min. before departure and ends 15 min. after arrival N/A

Driver requested: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Number of buses requested: \_\_\_\_\_