

## School-Related Student Trip Request Form

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

SCHOOL Taylorville EL FACULTY MEMBER(S) SPONSORING TRIP Prosch

TYPE OF TRIP (CHECK ONE):

☒ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_

☒ Organization/Club Trip, specify GTT

☐ Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION Birtown

ADDRESS 1401 Muhammad

Jr. Achievement of Ky.

PHONE 502-541-5437

☐ Out of State ☒ Out of County ☐ Within County

Al: Blvd

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

DATE(S) OF TRIP 4/22/20

DEPARTURE TIME 9AM

RETURN TIME 3PM

PURPOSE/EDUCATIONAL VALUE Economics, career readiness

SOURCE OF FUNDING FOR TRIP GTT

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

BILL TRIP EXPENSES TO:

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

NUMBER OF STUDENTS 29

FACULTY SPONSORS 1

OTHER CHAPERONES 7

TOTAL # OF PARTICIPANTS 37

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

Brandie Prosch  
Signature of Faculty Sponsor

2/10/2020  
Date

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

\_\_\_\_\_  
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: \_\_\_\_\_

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor

# Tigers Beyond the Bell - 21st CCCLC

## 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) \_\_\_\_\_

DESTINATION Keystone Cinema ADDRESS Mt. Washington PHONE (502) 538-7701

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

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

DATE(S) OF TRIP 4/26/2020 DEPARTURE TIME 9:20 RETURN TIME 12:00

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP District

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 1 OTHER CHAPERONES 15

TOTAL # OF PARTICIPANTS 115

### 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

2/13/2020

Date

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

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

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

Tigers Beyond The Bell

21<sup>st</sup> CCLC

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☐ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION Kentucky Railway Museum ADDRESS PO Box 240 New Haven, KY 40051 PHONE 800-272-0152

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 6/19/2020 DEPARTURE TIME 9:20 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE Students will learn about the history of transportation that helped build our country as well as the impacts from other countries

SOURCE OF FUNDING FOR TRIP 21<sup>st</sup> CCLC

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

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY 21<sup>st</sup> CCLC

NUMBER OF STUDENTS 100 FACULTY SPONSORS \_\_\_\_\_ OTHER CHAPERONES 15

TOTAL # OF PARTICIPANTS 115

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212.

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SUPERVISION (Attach list of names of adults accompanying students on trip.)

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Annette King  
Signature of Faculty Sponsor

2/13/2020  
Date

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

\_\_\_\_\_  
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

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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

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Tigers Beyond the Bell - 21st CCLC

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DESTINATION Salato Wildlife ADDRESS #1 Sportsman Ln PHONE 800-858-1549

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging n/a

DATE(S) OF TRIP 6/12/2020 DEPARTURE TIME 9:20 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE Students will learn about KY reptiles. Students will learn how to clarify creatures and specific habitats to help them survive.

SOURCE OF FUNDING FOR TRIP 21st CCLC

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

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USDA program

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