

Barlow, Michele

From: Adams, Charles (Superintendent)
Sent: Thursday, March 12, 2020 2:40 PM
To: Barlow, Michele
Subject: Fw: Field Trips

FYI.....

*Chuck Adams, Superintendent
Spencer County Schools
"Going the Distance for ALL Students"*

From: Webb, Stephen <stephen.webb@spencer.kyschools.us>
Sent: Thursday, March 12, 2020 12:28 PM
To: Adams, Charles (Superintendent) <charles.adams@spencer.kyschools.us>; Abell, Chuck <chuck.abell@spencer.kyschools.us>
Subject: Field Trips

Date	Sponsor	Destination
3/13/20	V. Martin	Prom Project - MSD kids
3/17/20	Bruce	Louisville - Ramsey's Café and World Market
3/17/20	Vance	Galt House - FCCLA state meeting
3/17/20	Coke	Spalding in Louisville FBLA Regional competition
3/18/20	Baird	Dairy Cow Camp - Glasgow, KY
3/18/20	Alcorn	North Oldham HS; assessment
3/19/20	Hamilton	Lexington KY - Food chain
3/19/20	Beaverson	Crowne Plaza Louisville - HOSA state competition
3/20/20	Perry	Shelbyville recycling center
3/20/20	Alcorn	North Oldham HS; assessment
3/24/20	Dunaway	Georgetown; BiWater Farm
3/25/20	Baird	Ohio St. 4H Contest, Columbus OH
3/26/20	Edelen	Oldham Co. KMEA Assessment
3/27/20	Kingsolver	Baseball team to Florida

Stephen Webb
Principal
Spencer County High School
502-477-3255

Judy

#16.00
RF

School-Related Student Trip Request Form

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

SCHOOL SCES FACULTY MEMBER(S) SPONSORING TRIP A. Phillips

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 4th Grade
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION Lexington Legends ADDRESS 207 Legends Lane Lexington, KY PHONE 859-422-7867

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP 4/15/20 DEPARTURE TIME 9:00 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE to explore STEM careers

SOURCE OF FUNDING FOR TRIP Students

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 125 FACULTY SPONSORS 5 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 130

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

A. Phillips
Signature of Faculty Sponsor

1/23/20
Date

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

Sharon Dennis
Signature of Superintendent/Designee

1/24/20
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: 2

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor

Judy

QF 6.00

School-Related Student Trip Request Form

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

SCHOOL SCES FACULTY MEMBER(S) SPONSORING TRIP K

TYPE OF TRIP (CHECK ONE)

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

DESTINATION Competitive Edge ADDRESS Phon Coch Rd PHONE _____

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

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

DATE(S) OF TRIP 3/19 & 3/20 DEPARTURE TIME 9:00 AM RETURN TIME 2 PM 11:30 PM

PURPOSE/EDUCATIONAL VALUE body awareness, connection to

health & human body, physical development

SOURCE OF FUNDING FOR TRIP Parent

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 _____ FACULTY SPONSORS _____ OTHER CHAPERONES _____

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

3/10/20
Date

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

[Signature]
Signature of Superintendent/Designee

3/11/20
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: _____

judes

PF \$5.00

School-Related Student Trip Request Form

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

SCHOOL SCES FACULTY MEMBER(S) SPONSORING TRIP Tobbe/Dill/Atcher/coots
Browning

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 SpencerCo Cooperative Extension Office Taylorsville, KY
ADDRESS 100 Oak Tree Way PHONE 477-2217

- ☐ Out of State ☐ Out of County ☒ Within County
☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 4/21/20 DEPARTURE TIME 9:00 RETURN TIME 3:00
PURPOSE/EDUCATIONAL VALUE Bringing the novel Hatchet to life.

SOURCE OF FUNDING FOR TRIP Students

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 125 FACULTY SPONSORS 5 OTHER CHAPERONES 10
TOTAL # OF PARTICIPANTS 140

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

Wm. M. Tobbe
Signature of Faculty Sponsor

2/27/20
Date

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

Shirley Harris
Signature of Superintendent/Designee

3-9-20
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: _____

Judy

#11.00
R

School-Related Student Trip Request Form

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

SCHOOL SCES

FACULTY MEMBER(S) SPONSORING TRIP Dunning, Hagman, White, Blumeier, L. Abel

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. Louisville, KY 40202 PHONE 502-498-2436

☐ Out of State ☒ Out of County ☐ Within County

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

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

PURPOSE/EDUCATIONAL VALUE Identify key ideas/details / retell a story

SOURCE OF FUNDING FOR TRIP students

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 118 FACULTY SPONSORS 8 OTHER CHAPERONES 1

TOTAL # OF PARTICIPANTS 126

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

Angie Dunning
Signature of Faculty Sponsor

Date

Trip has been ☒ approved ☐ disapproved, Reason for disapproval _____

Shirley McGinnis
Signature of Superintendent/Designee

3/3/20
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: _____

geddy

B 10 *JK*

School-Related Student Trip Request Form

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

SCHOOL SCES FACULTY MEMBER(S) SPONSORING TRIP Jennifer Griffith

TYPE OF TRIP (CHECK ONE):

- ☒ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify 4th & 5th GT Students
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION JA-BizTown ADDRESS 1401 W. Muhammad Ali Blvd. PHONE (502) 569-9205

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP 4/27/20 DEPARTURE TIME 9:00am RETURN TIME 3:15 pm

PURPOSE/EDUCATIONAL VALUE To provide students with the opportunity to apply the financial literacy and career readiness skills that they learned in their GT classes on the day of the field trip

SOURCE OF FUNDING FOR TRIP GT Budget

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. by engaging in the on-site simulation.

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY GT Budget

NUMBER OF STUDENTS 49 FACULTY SPONSORS 1 OTHER CHAPERONES 10

TOTAL # OF PARTICIPANTS 60

MODE OF TRANSPORTATION

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

☒ CERTIFICATED COMMON CARRIER; SPECIFY American Coach Travel (1) Bus

☐ 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 A. Griffith
Signature of Faculty Sponsor

2/20/20
Date

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

[Signature]
Signature of Superintendent/Designee

2/25/20
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: _____

TES FIELD TRIPS

Johnson, Tammy <tammy.johnson@spencer.kyschools.us>

Thu 3/12/2020 1:53 PM

To: Adams, Charles (Superintendent) <charles.adams@spencer.kyschools.us>

Mr. Adams,

We also have 2 field trips taking place right after Spring Break in April.

4/7/2020 2 classes from 4th grade to Jefferson Memorial Forest.

4/9/2020 2nd grade to Kentucky Center .

Vicki said I should let you know about these field trips as well.

Thank you!

Tammy Johnson

Bookkeeper

Taylorsville Elementary School

502-477-3339

Re: List of field trips

Demyan, Erin <erin.demyan@spencer.kyschools.us>

Thu 3/12/2020 1:38 PM

To: Adams, Charles (Superintendent) <charles.adams@spencer.kyschools.us>

Cc: Butler, Amanda <amanda.butler@spencer.kyschools.us>; Mercer, Matt - SCMS Principal <matt.mercer@spencer.kyschools.us>

Mr. Adams here is the information you requested about field trips etc

Erin Demyan

Assistant Principal SCMS

"Relationships are the agents of change and the most powerful therapy is human love."

On Mar 12, 2020, at 1:35 PM, Johnson, Cindy
<cindy.johnson@spencer.kyschools.us> wrote:

Ms Demyan/Butler: Per your request

FIELD TRIPS -- March 16 - April 7

Mar 16 ALREADY CANCELLED -- was KAAC State Academic Competition, Galt Hs

Mar 16-18 ALREADY CANCELLED -- was NAA Convention (Karen Leff)

Mar 19, 20, 21 = HOSA Leadership Conf/Comp (Dippel/Detrach w/3 middle school students)

Depart NOON on Mar 19 // Return NOON on Mar 21

Mar 20 = KMEA BAND Assessment, N Oldham HS (94 students)

Mar 25 = KMEA CHORUS Assessment, Oldham County Center for Arts (130 students)

Mar 25 = ALREADY CANCELLED -- 8th Grade Career Day Trip to Midway College

SPORTS EVENTS (From Scott Noel)

Thu 3/12/2020 11:28 AM
Johnson, Cindy ☐

Home Games March 16th – April 7th

March 16 Girls Soccer

March 17 Volleyball tournament at Spencer/ Baseball / Softball

March 19 Boys Soccer

March 23 Softball/Baseball

March 24 Softball/ Volleyball Tournament

March 25 Girls Soccer

March 26 Boys Soccer

Scott Noel

Spencer County Middle School

PASS Program

From: Demyan, Erin <erin.demyan@spencer.kyschools.us>
Sent: Thursday, March 12, 2020 10:06 AM
To: Johnson, Cindy <cindy.johnson@spencer.kyschools.us>; Butler, Amanda <amanda.butler@spencer.kyschools.us>
Subject: List of field trips

Can you provide us with a list of all field trips and sports events from this Monday to spring break so we can give this to mr. Adams by 2pm

Erin Demyan
Assistant Principal SCMS

"Relationships are the agents of change and the most powerful therapy is human love."