

Field Trip Request Form

This form is to be used by the staff when requesting permission to take a field trip. The completed form is to be submitted to the Superintendent one (1) week in advance of the next scheduled meeting of the Board. Complete pertinent information on next page.

Destination University of Kentucky - Kroger Field
 Date(s) of Trip 12/19/2020 Time of Departure 7am *Time of Return 3pm
 Approximate Mileage (one way) 85 miles
 Approximate Number of Students 46 Approximate Number of Adults 6
 Number of Buses Required 2 Method of Transportation (if not school bus) Miller Transportation
 Will you stop for lunch? ☒ YES ☐ NO If "YES", where? _____

TEACHER IS RESPONSIBLE FOR NOTIFYING CAFETERIA OF DETAILED LUNCH PLAN

Number of Instructional Days lost 0 Justification: What is to be learned? _____
 How will the experience be used and evaluated? _____
 Names of chaperones (if applicable) _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?

☒ YES ☐ NO

TRIP INFORMATION**Financial Costs**

Mileage (estimate)	\$	<u>275.20</u>
Driver (estimate)	\$	<u>320.00</u>
Hotel	\$	<u> </u>
Meals	\$	<u>500.00</u>
Admission	\$	<u> </u>
TOTAL	\$	<u>1095.20</u>

Method of Payment

Student Payment	\$	<u> </u>
School Activity Acct	\$	<u> </u>
Athletic Boosters	\$	<u> </u>
Band Boosters	\$	<u> </u>

Requested by R. E. B. Date 12/14/20
 Approved/Disapproved _____, Principal Date _____
 Approved/Disapproved _____, Superintendent Date _____

 Principal approval for all field trips.

 Superintendent approval is required for all field trips over 65 miles one (1) way.

 Superintendent approval is required for all overnight field trips.

*On school days, the return time should not exceed 2:00 p.m.

Field Trip Request Form

Requesting School Elizabethtown HS Organization/Team/Class Football
 Date(s) of Trip 12/19/2020 Destination UK Kroger Field
 Number of Buses Required 2 Teacher(s)/Sponsor(s) in Charge Ross Brown
 Time of Departure 7a Time of Return (by 2:00 pm on school day) 3p
 Fund Responsible for Payment _____
 Will you stop for lunch? ☐ YES ☐ NO If "YES", where? _____
 Do you need storage? ☐ YES ☐ NO

TRANSPORTATION - DRIVER'S REPORT

Driver Assigned _____ Bus Number _____

Odometer Reading	
End of Trip	_____
Start of Trip	_____
Total Miles	_____

Time of Trip	
Time Started	_____
Time Ended	_____
Total Time	_____

Please Check:	
_____	In City
_____	Out of County
_____	Dropped and Returned
_____	Dropped - Waited - Returned

Number of students transported	_____
Number of adults transported	_____

Driver's Signature _____ Date _____

Director of Transportation Signature _____ Date _____

CENTRAL OFFICE ONLY

Amount Paid Driver \$ _____ Date _____

RELATED PROCEDURES:

09.36 AP.211

Review/Revised: 7/18/16