

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 Owensboro, KY

Date(s) of Trip 4/23-4/24 Time of Departure 10:30 AM *Time of Return 10:00 PM

Approximate Mileage (one way) 90 miles

Approximate Number of Students 22 Approximate Number of Adults 7

Number of Buses Required 1 Method of Transportation (if not school bus) _____

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 STATE TOURNAMENT

How will the experience be used and evaluated? Possible overnight stay for Class 2A State Tournament

Names of chaperones (if applicable) Baseball coaching staff (Kelly Fisher, Jeff Bowman, Will Sidebottom, Ben Stewart, Leonard Brown, Joe Nepi, Chase Greenwell)

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>180 miles</u>
Driver (estimate)	\$ _____
	\$500-\$1,00
Hotel	\$ <u>0</u>
	\$500-\$1,00
Meals	\$ <u>0</u>
Admission	\$ _____
TOTAL	\$ <u>\$3,000.00</u>

Method of Payment

Student Payment	\$ _____
School Activity Acct	\$ _____
Athletic Boosters	\$ _____
Band Boosters	\$ _____

Requested by Chase Greenwell Date 4/13/21

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.

Requesting School _____	Organization/Team/Class _____
Date(s) of Trip _____	Destination _____
Number of Buses Required _____	Teacher(s)/Sponsor(s) in Charge _____
Time of Departure _____	Time of Return (by 2:00 pm on school day) _____
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