

School-Related Student Trip Request Form

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

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP Laren Jeff

TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☒ Organization/Club Trip, specify GBB ☐ Other (athletic, band, if applicable) _____

DESTINATION Juniper Hills ADDRESS 800 Louisville Rd PHONE (502) 352-2087
☐ Out of State ☒ Out of County ☐ Within County Frankfort Ky 40601
☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 7/15/21 DEPARTURE TIME 9:00 AM RETURN TIME 6 PM

PURPOSE/EDUCATIONAL VALUE GBB Summer Program

SOURCE OF FUNDING FOR TRIP 21st CCLC / Kids Club

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 40 FACULTY SPONSORS 5 OTHER CHAPERONES 10

TOTAL # OF PARTICIPANTS 55

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

6/17/21
Date

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

[Signature]
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

Number of buses requested: 1

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor

School-Related Student Trip Request Form

SCHOOL SCMS SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP. FACULTY MEMBER(S) SPONSORING TRIP Karen Lepp

TYPE OF TRIP (CHECK ONE):

- ☒ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify BBB
☒ Organization/Club Trip, specify BBB

DESTINATION Taylorville Lake Overlook

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

☐ Other (athletic, band, if applicable)

PHONE

DATE(S) OF TRIP 7/14/21

DEPARTURE TIME 9:00

RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE

SOURCE OF FUNDING FOR TRIP

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

BILL TRIP EXPENSES TO:

- ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY
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TOTAL # OF PARTICIPANTS

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☐ 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 of Faculty Sponsor [Signature] Date 6/17/21

Trip has been ☐ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee [Signature] Date

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