

School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Alcorn

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Papa John's Stadium ADDRESS 2800 Floyd St PHONE 502-852-5555
Louisville, ky

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 11/13/21 DEPARTURE TIME TBD RETURN TIME TBD

PURPOSE/EDUCATIONAL VALUE Students get to perform w/ the CMB @ a game.

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 25 FACULTY SPONSORS 2 OTHER CHAPERONES 6

TOTAL # OF PARTICIPANTS 33

MODE OF TRANSPORTATION

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

☒ CERTIFICATED COMMON CARRIER; SPECIFY School Van

☒ 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

Jma Alcorn
Signature of Faculty Sponsor

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. _____

2. _____

Number of buses requested: _____

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor

School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP S. Barnett / S. Baird

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Henderson County - WKY Regional - NDA ADDRESS _____ PHONE _____

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

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

DATE(S) OF TRIP Dec 4th DEPARTURE TIME _____ RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE Dance competition

SOURCE OF FUNDING FOR TRIP Students / fundraising

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 13 FACULTY SPONSORS 2 OTHER CHAPERONES parents

TOTAL # OF PARTICIPANTS 15

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) A

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

S. Barnett
Signature of Faculty Sponsor

8/20/21
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. _____ 2. _____ Number of buses requested: _____

School-Related Student Trip Request Form

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

SCHOOL CHS

FACULTY MEMBER(S) SPONSORING TRIP Sharnett/S Baird

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Stage 8 - Lexington, KY ADDRESS _____

PHONE _____

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

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

DATE(S) OF TRIP Jan 8

DEPARTURE TIME _____

RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE

Dance competition - exact

location TBD

SOURCE OF FUNDING FOR TRIP

fundraising & 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 13 FACULTY SPONSORS 2 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) parents will transport

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

Debra Barnett
Signature of Faculty Sponsor

8/20/21
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

Admission to event provided by sponsor: ☐ Yes ☐ No

Overnight lodging: Single room

Driver time starts 15 min. before departure and ends 15 min. after arrival

Driver requested: 1

2.

Meals provided by sponsor: ☐ Yes ☐ No

Send copy to lunchroom: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Number of buses requested: _____

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.
SCHOOL CHS FACULTY MEMBER(S) SPONSORING TRIP Starnett/H/S Bairra

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Louisville, Ky ADDRESS The Crown Dance Comp. PHONE _____

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

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

DATE(S) OF TRIP Jan. 22 DEPARTURE TIME _____ RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE Dance competition

SOURCE OF FUNDING FOR TRIP fundraising / 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 2 FACULTY SPONSORS 2 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) parents will

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

Have all chaperones undergone the required records AOC check and been designated by the principal/designee to supervise students? ☐ YES ☐ NO

Sabrina Barnett
Signature of Faculty Sponsor

8/20/21
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 _____ 2 _____

Number of buses requested: _____

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor

School-Related Student Trip Request Form

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

SCHOOL SLHS FACULTY MEMBER(S) SPONSORING TRIP S. Barnett / S. Baird

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 Louisville Ky Jamfest Super Nationals ADDRESS _____

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

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

DATE(S) OF TRIP Feb 11-13 DEPARTURE TIME _____ RETURN TIME _____

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 _____

NUMBER OF STUDENTS 13 FACULTY SPONSORS 2 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 15

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.)

I have all chaperones undergone the required records AOC check and been designated by the principal/designee to supervise student? ☐ YES ☐ NO

Signature of Faculty Sponsor

Date

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

Signature of Superintendent/Designee

Date

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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