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Local

School-Related Student Trip Request Form

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

SCHOOL SC Middle School FACULTY MEMBER(S) SPONSORING TRIP Rebecca Owen

TYPE OF TRIP (CHECK ONE):

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

7th-8th band students

DESTINATION St. Matthews Baptist Church ADDRESS 3515 Grandview Ave. Louisville, KY 40207 PHONE (502) 896-8882

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 12/03/21 DEPARTURE TIME 8AM RETURN TIME TBD

PURPOSE/EDUCATIONAL VALUE All District Band Audition → enrichment for band student

SOURCE OF FUNDING FOR TRIP SCMS band account

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 30 FACULTY SPONSORS 1 OTHER CHAPERONES 1

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

Rebecca Owen

Signature of Faculty Sponsor

11/09/21

Date

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

M. Mercer
Signature of Superintendent/Designee

11/9/21
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: 1

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor