

Local

School-Related Student Trip Request Form

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

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP Owen

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 Martha Layne Collins High School ADDRESS 801 Discovery Blvd. Shelbyville, 40165 PHONE (502) 647-1160

- Out of State
- Out of County
- Within County

Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 1/7/22, 1/8/22 DEPARTURE TIME 8:30/8AM RETURN TIME 6PM
PURPOSE/EDUCATIONAL VALUE honor band, condensed rehearsal

SOURCE OF FUNDING FOR TRIP SCMS Band District Fund

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 9 FACULTY SPONSORS _____ 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) _____

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

Yibacca Owen
Signature of Faculty Sponsor

12/07/21
Date

Trip has been approved disapproved. Reason for disapproval _____

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

Overnight lodging: Single room

Bus limits: 2 persons per seat

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

Driver requested: 1. _____ 2. _____ Number of buses requested: _____