School-Related Student Trip Request Form

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

SCHOOL __SCES__ FACULTY MEMBER(S) SPONSORING TRIP _Browning, Tobbe, Atchen Coots_

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 _Ky Ctr for Performing Arts_ ADDRESS _501 w Main Street_ PHONE _(502) 562-0100_

☐ Out of State ☑ Out of County ☐ Within County _Louisville, KY_

☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP _____ DEPARTURE TIME _8:55 am_ RETURN TIME _12:30 pm (approx_

PURPOSE/EDUCATIONAL VALUE _Compare + Contrast the book and the play_

SOURCE OF FUNDING FOR TRIP _Students will pay for the 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 _102_ FACULTY SPONSORS _4 to 6_ OTHER CHAPERONES

TOTAL # OF PARTICIPANTS _107- 109_

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

Darla Browning _____ _11-21-21_
Signature of Faculty Sponsor   _Date_

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

Lisa M Simis _____ _11-23-21_
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
we are coming back to the school after the play

Send copy to lunchroom: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Number of buses requested: _2_