

Day Trip

School-Related Student Trip Request Form

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Dunaway / Baird
TYPE OF TRIP (CHECK ONE)
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☒ Organization/Club Trip, specify FFA ☐ Other (athletic, band, if applicable) _____
DESTINATION Main Event ADDRESS Louisville, KY PHONE 502 991 2060
☐ Out of State ☒ Out of County ☐ Within County
☐ Overnight: give name, address, phone of lodging _____
DATE(S) OF TRIP 2/22/22 DEPARTURE TIME 2:45pm RETURN TIME 5:30pm
PURPOSE/EDUCATIONAL VALUE FFA Week Activity
SOURCE OF FUNDING FOR TRIP FFA Fundraisers

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 35 FACULTY SPONSORS 2 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 37

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212 School Bus Baird Driving

☐ 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

David Dunaway
Signature of Faculty Sponsor

Date

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

[Signature]
Signature of Superintendent/Designee

2/16/2022
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

Send copy to lunchroom? ☐ Yes ☐ No

Admission to event provided by sponsor: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Overnight lodging: Single room

Drive time starts 15 min. before departure and ends 15 minutes after arrival

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

White Copy – Central Office

Yellow Copy – Bus Driver

Pink Copy – School Sponsor