

Day Trip

## School-Related Student Trip Request Form

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

SCHOOL Taylorville Elem FACULTY MEMBER(S) SPONSORING TRIP Erin Kelley

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Jeff. Co. Traditional MS ADDRESS 1418 Morton Ave PHONE 502-495-7272

☐ Out of State ☒ Out of County ☐ Within County Louisiana 70119

☐ Overnight: give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 5/14/22 DEPARTURE TIME 7:00am RETURN TIME 12:00pm

PURPOSE/EDUCATIONAL VALUE to compete in the music camp called Trills & Thrills

SOURCE OF FUNDING FOR TRIP Chorus & Ensemble fund

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: N/A

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY \_\_\_\_\_

NUMBER OF STUDENTS 80 FACULTY SPONSORS 1 OTHER CHAPERONES all parents for

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

Erin Kelley  
Signature of Faculty Sponsor

2/1/22  
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

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