SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.
SCHOOLTON TO FACULTY MEMBER(S) SPONSORING TRIP KINDEROUTED
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 DUISVILLE ZOO ADDRESS LOUISVILLE KY PHONE 502.459.2181 Out of State Out of County Within County HOZI3 Overnight: give name, address, phone of lodging
PURPOSE/EDUCATIONAL VALUE KY SCIENCE Standards - Interdependent Relationships in Ecosystems. Animals, plants, and source of funding for trip Student
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 FACULTY SPONSORS OTHER CHAPERONES DLD + TOTAL # OF PARTICIPANTS DLL
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? INO 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 Signature of Faculty Sponsor Date
Trip has been ☑ approved ☐ disapproved. Reason for disapproval
100
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: Y Yes No
Admission to event provided by sponsor: Send copy to lunchroom: 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. Jennifer 2. Number of buses requested: 5
Gable
Pn# 2361

SUBMIT THIS FORM TWO (2) WE	EKS PRIOR TO THE TRIP.
SCHOOL TES FACULTY MEMBER(S)	SPONSORING TRIP 2nd Grade Team
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 Louisville Science Canter ADDRESS Out of State Dout of County Within County	727 W. Main St. PHONE 502-561-6100
Overnight: give name, address, phone of lodging	
DATE(S) OF TRIP See Post-It DEPARTURE PURPOSE/EDUCATIONAL VALUE Science C	oncepts, STEM explorations,
Source of Funding For TRIP Parents	ndards I family Resource if needed
NO STUDENT SHALL BE DENIED THE TRIP BILL TRIP EXPENSES TO:	
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL	. □ BOARD □ OTHER, SPECIFY
NUMBER OF STUDENTS 10 FACULTY SPONSOR TOTAL # OF PARTICIPANTS 130	
MODE OF TRANSPORTATION	
IS DISTRICT TRANSPORTATION NEEDED? INO	YES, SEE PROCEDURE 09.36 AP.212.
☐ CERTIFICATED COMMON CARRIER; SPECIFY_	
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; S	PECIFY DRIVER(S)
SUPERVISION (Attach list of names of adults accompany	ring students on trip.)
Have all chaperones undergone the required record	ds AOC check and been designated by the
principal/designee to supervise students?	S NO R-17-22
Signature of Faculty Sponsor	Date
Trip has been pproved disapproved. Reason for disapproval	Dute
Signature of Superintendent/Designee	3-21-22
For overnight and/or out-of-state trips, approval of the superintendent an	Date
FIELD TRIP CHARGES	wor Board may be required by poncy 09.36.
Possible Dates ime if driver's hours	Meals provided by sponsor: Yes No
	Send copy to lunchroom: ☐ Yes ☐ No
5-11 Pes 1 No	Bus limits: 2 persons per seat
5-12 and ends 15 min.	
E 18	Number of buses requested:
5-18	PO# 2362
Science Center Copy - Bus Driver	Pink Copy - School Sponsor

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP •		
SCHOOL TON LOVE CHECK ONE): TYPE OF TRIP (CHECK ONE): Classroom Field Trip X Class Trip (i.e., junior, senior), specify FIFTH 51YOCLE		
☐ Organization/Club Trip, specify	Other (athletic, band, if applicable)	
DESTINATION SUMS ON 18th at 10th ADDRESS Out of State Out of County Within County Overnight: give name, address, phone of lodging	263 Mt Mashington HONE 502-477-3	
DATE(S) OF TRIP 5-23-2022 DEPARTURE PURPOSE/EDUCATIONAL VALUE MIDDLE SCHOOL	orientation / tour	
SOURCE OF FUNDING FOR TRIP SUNDO fun		
NO STUDENT SHALL BE DENIED THE TRIP E BILL TRIP EXPENSES TO:	BECAUSE OF AN INABILITY TO PAY.	
SPONSORING ORGANIZATION SCHOOL COUNCIL NUMBER OF STUDENTS 0 FACULTY SPONSORS TOTAL # OF PARTICIPANTS 1 6 MODE OF TRANSPORTATION	BOARD OTHER, SPECIFY HEIGS	
IS DISTRICT TRANSPORTATION NEEDED? ☐NO☐ CERTIFICATED COMMON CARRIER; SPECIFY_☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SI	☑YES, SEE PROCEDURE 09.36 AP.212. PECIFY DRIVER(S)	
SUPERVISION (Attach list of names of adults accompany	ing students on trip.)	
Manta en	□ NO 3-18-22	
Signature of Faculty Sponsor	Date	
Trip has been approved disapproved. Reason for disapproval	3-21-22 Date	
For overnight and/or out-of-state trips, approval of the superintendent and		
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:	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: 122.	Number of buses requested:	

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.
SCHOOL
TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
Organization/Club Trip, specify TBB/Summer Stood Other (athletic, band, if applicable)
DESTINATION Beckler Creek Pork ADDRESS 1411 Beckly Creek PHONE 584-03 Out of State Out of County Within County
Overnight: give name, address, phone of lodging
PURPOSE/EDUCATIONAL VALUE DEPARTURE TIME 2/3042 RETURN TIME 2/3042
SOURCE OF FUNDING FOR TRIP 2/5/ CCC
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO:
□ SPONSORING ORGANIZATION □ SCHOOL COUNCIL □ BOARD □ OTHER, SPECIFY TEST
NUMBER OF STUDENTS OF FACULTY SPONSORS OTHER CHAPERONES OTHER CHAPERONES
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? INO 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
Signature of Faculty Sponsor Date
Trip has been □ approved □ disapproved. Reason for disapproval
3-21-22
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 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: DMW Number of buses requested:

Ronding Funding?

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP.
SCHOOL FACULTY MEMBER(S) SPONSORING TRIP MONTHS MAN
TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
Organization/Club Trip, specify TBB/SUMNES Chool Other (athletic, band, if applicable)
- Moures TBD
DESTINATIONADDRESSPHONE
☐ Out of State ☐ Out of County ☐ Within County
Overnight: give name, address, phone of lodging
DATE(S) OF TRIP 6/24/22 DEPARTURE TIME 9/30A RETURN TIME 2:30pm
PURPOSE/EDUCATIONAL VALUE
Hase appropriate move
SOURCE OF FUNDING FOR TRIP District.
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 /OU FACULTY SPONSORS / OTHER CHAPERONES
TOTAL # OF PARTICIPANTS
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? INO 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
Signature of Faculty Sponsor Date
Trip has been proved disapproved. Reason for disapproval
3.21-22
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 Meals provided by sponsor: Yes No
exceed 40 per week
Send copy to lunchroom: ☐ Yes ☐ No
Admission to event provided by sponsor:
Overnight lodging: Single room
Driver time starts 15 min. before departure and ends 15 min.
after arrival Diver requested: DM of Coman a 16-bla Number of buses requested:
Driver requested: DMortgoney 2. Jobble Number of buses requested:

SUBMIT THIS FORM TWO (2) WEE	KS PRIOR TO THE TRIP.
SCHOOL TES FACULTY MEMBER(S)	SPONSORING TRIP Montagomen
TYPE OF TRIP (CHECK ONE):	0
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior),	
Organization/Club Trip, specify TBB/Summer S	Other (athletic, band, if applicable)
	1 20
DESTINATION ADDRESS ADDRESS	263MTWash QPHONE 477-326
☐ Out of State ☐ Out of County ☐ Within County	
☐ Overnight: give name, address, phone of lodging	
DATE(S) OF TRIP 8/15/22 DEPARTURE	TIME 12:30 ARETURN TIME 2:45 PM
PURPOSE/EDUCATIONAL VALUE Tutor	my a
Leadership / Craft Flow	
	CCa
NO STUDENT SHALL BE DENIED THE TRIP B	ECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:	- Tes ma
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL	
NUMBER OF STUDENTS DO FACULTY SPONSORS	OTHER CHAPERONES
TOTAL # OF PARTICIPANTS // C	
MODE OF TRANSPORTATION	
IS DISTRICT TRANSPORTATION NEEDED? INO	YES, SEE PROCEDURE 09.36 AP.212.
☐ CERTIFICATED COMMON CARRIER; SPECIFY	
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SE	
SUPERVISION (Attach list of names of adults accompany	ing students on trip.)
Have all chaperones undergone the required record	
principal/designee te supervise studente? YES	□ NO 2/¬/∩
Signature of Faculty Sponsor	- 31 11 FA
	Date
Trip has been papproved disapproved Reason for disapproval	
	3-21-22
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	1.4
\$.93 per mile Regular hourly rate for driver, plus overtime if driver's hours	Meals provided by sponsor: Yes No
exceed 40 per week	Meals provided by sponsor: ☐ Yes ☐ No
4	Send copy to lunchroom: Yes No ALA
Admission to event provided by sponsor:	Bus limits: 2 persons per seat
Overnight lodging: Single room	
Driver time starts 15 min. before departure and ends 15 min.	
after arrival	2
Driver requested: 10 May Garnow 2. 2. 6 Cable	Number of buses requested:

SUBMIT THIS FORM TWO (2) WEEK	S PRIOR TO THE TRIP.
SCHOOL TES FACULTY MEMBER(S) S	PONSORING TRIP Montagmen
TYPE OF TRIP (CHECK ONE):	7000
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), sp	
Organization/Club Trip, specify TBB Summer S	Other (athletic, band, if applicable)
DESTINATION Solds WHORE CANDRESS Out of State Out of County Within County	Sportsmen's LA PHONE SDJ-564-783
☐ Overnight: give name, address, phone of lodging	
	IME 9:15 AM RETURN TIME 2:30 pm
Wildlife Chucation SOURCE OF FUNDING FOR TRIP 2/5+ CCLC	
NO STUDENT SHALL BE DENIED THE TRIP BE BILL TRIP EXPENSES TO:	
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL	BOARD OTHER, SPECIFY TESTIBB
NUMBER OF STUDENTS 160 FACULTY SPONSORS TOTAL # OF PARTICIPANTS 1/0	4 OTHER CHAPERONES 6
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; SPE	
SUPERVISION (Attach list of names of adults accompanying	
Have all chaperones undergone the required records principal/designer supervise students? YES	AOC check and been designated by the NO
Signature of Faculty Sponsor	Date
Trip has been approved disapproved. Reason for disapproval	
Norl	3-21-22
Signature of Superintendent/Designee	Date
For overnight and/or out-of-state trips, approval of the superintendent and/o	or Board may be required by policy 09.36.
FIELD TRIP CHARGES \$.93 per mile	Meals provided by sponsor: Yes No
Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week	
	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.	₹.
Driver requested: 1 D. Montgomy 2. S. Gable	Number of buses requested:



SCHOOL FAPERORES FACULTY MEMBER(S) SPONSORING TRIP TYPE OF TRIP (CHECK ONE): SCLASSTOOM FIELD TIP Class Trip (i.e., junior, senior), specify Organization/Club Trip, specify DESTINATION ALIXAI P. SCENCE ADDRESS TO TO Other (athletic, band, if applicable) DESTINATION ALIXAI P. SCENCE ADDRESS TO TO Other (athletic, band, if applicable) DESTINATION ALIXAI P. SCENCE ADDRESS TO TO Other (athletic, band, if applicable) DESTINATION ALIXAI P. SCENCE ADDRESS TO TO Other (athletic, band, if applicable) DESTINATION ALIXAI P. SCENCE ADDRESS TO TO OTHER TO TO DESTINATION ALIXAI P. SCENCE ALIXAI TO TO DESTINATION ALIXAI P. SCENCE ALIXAI TO TO SOURCE OF TRIP TO TO OTHER TO TO SOURCE OF TRIP TO TO OTHER TO TO SOURCE OF FUNDING FOR TRIP OTHER TO TO NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: QUST SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER SPECIFY NUMBER OF STUDENTS FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS TO THER CHAPERONES TOTAL # OF PARTICIPANTS TO THE CHAPERONES TOTAL # OF PARTICIPANTS TO THE CHAPERONES TOTAL # OF PARTICIPANTS TO THE CHAPERONES DESTINATION ALIXAI SECURITY TO THE CHAPERONES TOTAL # OF PARTICIPANTS TO THE CHAPERONES DESTINATION TO THE CHAPERONES TO THE CHAPERONES TOTAL # OF PARTICIPANTS TO THE CHAPERONES DESTINATION TO THE CHAPERONES TO THE CHAPERONES DESTINATION TO THE CHAPERON	SUBMIT THIS FORM TWO (2) WI	EEKS PRIOR TO THE TRIP.
Classroom Field Trip	SCHOOL FACULTY MEMBER(S	S) SPONSORING TRIP POW
Organization/Club Trip, specify DESTINATION ALISAN SCENCE ADDRESS 127 Min St. PHONE 500 561 610 DESTINATION ALISAN SCENCE ADDRESS 127 Min St. PHONE 500 561 610 DOUT of State 200 to of County Within County Overnight: give name, address, phone of lodging DATE(S) OF TRIP 5 72 DEPARTURE TIME 9:00 RETURN TIME 3:00 PURPOSE/EDUCATIONAL VALUE OCIOL SKILLS SCENCY DEPARTURE TIME 9:00 RETURN TIME 3:00 PURPOSE/EDUCATIONAL VALUE OCIOL SKILLS SCENCY DOUTCE OF FUNDING FOR TRIP OCIOL SKILLS SCENCY SOURCE OF FUNDING FOR TRIP OCIOL SKILLS SCENCY NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: Q85 Syponsoring ORGANIZATION SCHOOL COUNCIL BOARD OTHER CHAPERONES TOTAL # OF PARTICIPANTS OTHER CHAPERONES TOTAL # OF PARTICIPANTS OTHER CHAPERONES OTHER CHAPERONES OTHER CHAPERONES TOTAL # OF PARTICIPANTS OTHER CHAPERONES OTHER CHAPERONES OTHER CHAPERONES DOTHER CHAPERONES OTHER CHAPERONES 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 Signature of Superintendent/Designee YES NO Signature of Superintendent/Designee Date Trip has been Deproved disapproved disapproved Signature of Superintendent/Designee Date Trip has been Deproved disapproved Send copy to lunchroom: Yes No Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week Send copy to lunchroom: Yes No Bus limits: 2 persons per seat Overnight lodging: Single room	TYPE OF TRIP (CHECK ONE):	
DESTINATION	Classroom Field Trip), specify
Out of State VOut of County Within County Overnight: give name, address, phone of lodging DATE(S) OF TRIP	☐ Organization/Club Trip, specify	Other (athletic, band, if applicable)
DATE(S) OF TRIP 55.72 DEPARTURE TIME 9:00 RETURN TIME 3:00 PURPOSE/EDUCATIONAL VALUE	DESTINATION (XXXXVIII) DOMES ADDICES.	727 MinSt. PHONE (502)561-610
PURPOSE/EDUCATIONAL VALUE SOLOGO SCIENCE OF AN INABILITY TO PAY. SOURCE OF FUNDING FOR TRIP ONCOLOGO SCIENCE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: 0\(\frac{6}{3} \) SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY NUMBER OF STUDENTS FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS MODE OF TRANSPORTATION SCHOOL COUNCIL BOARD OTHER CHAPERONES TOTAL # OF PARTICIPANTS OTHER CHAPERONES TOTAL # OF PARTICIPANTS OTHER CHAPERONES IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212. \(\frac{1}{1} \) 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/glesignee to supervise students? YES NO NO NO Signature of Faculty Sponsor YES NO NO Signature of Superintendent/Designee Signature and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36. FIELD TRIP CHARGES S.93 per mile Meals provided by sponsor: Yes No Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week Send copy to lunchroom: Yes No Bus limits: 2 persons per seat NO OWN OVERNOR OWN OWN OWN OWN Bus limits: 2 persons per seat OWN OVERNOR OWN OWN OWN SEPONSOR OWN OWN OWN SEPONSOR OWN	Overnight: give name, address, phone of lodging	
BILL TRIP EXPENSES TO:	SCIENCE EXPLOYATION	SKILS / SCHSOYY
SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY NUMBER OF STUDENTS FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS MODE OF TRANSPORTATION SIDISTRICT TRANSPORTATION NEEDED? NO 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 3/9/72 Signature of Faculty Sponsor 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 Meals provided by sponsor: Yes No Regular hourly rate for driver, plus overtime if driver's hours exceed 40 per week Admission to event provided by sponsor: Yes No Bus limits: 2 persons per seat Overnight lodging; Single room Overnight lodging; Single room Single room Overnight lodging; Single room Single room Overnight lodging; Single room Ove		BECAUSE OF AN INABILITY TO PAY.
NUMBER OF STUDENTS FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? NO VYES, SEE PROCEDURE 09.36 AP.212.		
MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212. W	SPONSORING ORGANIZATION SCHOOL COUNC	L DBOARD DOTHER, SPECIFY
MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED?	NUMBER OF STUDENTS FACULTY SPONSO	RSOTHER CHAPERONES
IS DISTRICT TRANSPORTATION NEEDED?	TOTAL # OF PARTICIPANTS	
□ 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 3/9/7 Signature of Faculty Sponsor Date Trip has been □ approved □ disapproved. Reason for disapproval Signature of Superintendent/Designee 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 Bus limits: 2 persons per seat Overnight lodging: Single room Driver time starts 15 min. before departure and ends 15 min. after arrival	MODE OF TRANSPORTATION	
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?	IS DISTRICT TRANSPORTATION NEEDED? INC	YES, SEE PROCEDURE 09.36 AP.212.
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?	☐ CERTIFICATED COMMON CARRIER; SPECIFY	
Have all chaperones undergone the required records AOC check and been designated by the principal/designee to supervise students? YES NO 3/9/72 NO NO NO NO NO NO NO N	☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY;	SPECIFY DRIVER(S)
Signature of Faculty Sponsor Trip has been approved disapproved. Reason for disapproval Signature of Superintendent/Designee 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	SUPERVISION (Attach list of names of adults accompar	lying students on trip.)
Signature of Superintendent/Designee 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:	principal/designee to supervise students?	3/9/22
Signature of Superintendent/Designee 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:	Trip has been papproved disapproved. Reason for disapproval	
Signature of Superintendent/Designee 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:		
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:	Signature of Superintendent/Designee	
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:	· · · · · · · · · · · · · · · · · · ·	
\$.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		and the state of t
Admission to event provided by sponsor:	\$.93 per mile Regular hourly rate for driver, plus overtime if driver's hours	Meals provided by sponsor: ☐ Yes ☐ No
Overnight lodging: Single room Driver time starts 15 min. before departure and ends 15 min. after arrival		Send copy to lunchroom: ☐ Yes ☐ No
Driver time starts 15 min. before departure and ends 15 min. After arrival	• • • • • • • • • • • • • • • • • • • •	Bus limits: 2 persons per seat
	Driver time starts 15 min. before departure and ends 15 min.	Van
		Number of buses requested:

#2364

SUBMIT THIS FORM TWO (2) WEE	
SCHOOL TO 10 SVIIL ELM FACULTY MEMBER(S) TYPE OF TRIP (CHECK ONE): Classroom Field Trip Class Trip (i.e., junior, senior), Organization/Club Trip, specify	, Teachers De
DESTINATION Ray level Park ADDRESS 2 Out of State Out of County Within County Overnight: give name, address, phone of lodging DATE(S) OF TRIP 5-25-2022 DEPARTURE PURPOSE/EDUCATIONAL VALUE THE Grad	TIME 9:00 RETURN TIME 2:00
SOURCE OF FUNDING FOR TRIP STUDENT HO STUDENT SHALL BE DENIED THE TRIP E BILL TRIP EXPENSES TO:	Funded \$250 per student BECAUSE OF AN INABILITY TO PAY.
□ SPONSORING ORGANIZATION □ SCHOOL COUNCIL NUMBER OF STUDENTS 109 FACULTY SPONSORS TOTAL # OF PARTICIPANTS 199 MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? □ NO □ CERTIFICATED COMMON CARRIER; SPECIFY	OTHER CHAPERONES YES, SEE PROCEDURE 09.36 AP.212.
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SI SUPERVISION (Attach list of names of adults accompany	
Have all chaperones undergone the required record	* '
Trip has been Dapproved disapproved. Reason for disapproval	Dute
Signature of Superintendent/Designee For overnight and/or out-of-state trips, approval of the superintendent and	Vor 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	Number of buses requested:

DO# 2363

SUBMIT THIS FORM TWO (2) WE	EKS PRIOR TO THE TRIP.
SCHOOL TES FACULTY MEMBER(S TYPE OF TRIP (CHECK ONE):	SPONSORING TRIP Hutt, Zuhars, Drake,
Classroom Field Trip	
DESTINATION DUISNIE ZOO ADDRESS Out of State Out of County Within County Overnight: give name, address, phone of lodging DATE(S) OF TRIP 41312 DEPARTURE	,
PURPOSE/EDUCATIONAL VALUE Learn about	r animals & their habitats
SOURCE OF FUNDING FOR TRIP Students	\$15
NO STUDENT SHALL BE DENIED THE TRIP BILL TRIP EXPENSES TO:	
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL	□ BOARD □ OTHER, SPECIFY
NUMBER OF STUDENTS 13 FACULTY SPONSOR TOTAL # OF PARTICIPANTS 123	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
MODE OF TRANSPORTATION	
IS DISTRICT TRANSPORTATION NEEDED? DNO	YES, SEE PROCEDURE 09.36 AP.212.
☐ CERTIFICATED COMMON CARRIER; SPECIFY_	
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; S	PECIFY DRIVER(S)
SUPERVISION (Attach list of names of adults accompany	ring students on trip.)
Have all chaperones undergone the required record principal/designee to supervise students?	3 1 aa
Signature of Faculty Sponsor	Date
Trip has been Dapproved disapproved. Reason for disapproval	
Stell	3-21-22
Signature of Superintendent/Designee	Date
For overnight and/or out-of-state trips, approval of the superintendent and	d/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:	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: 12.	Number of buses requested: 3

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor