

## School-Related Student Trip Request Form

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

SCHOOL Taylorville Elem FACULTY MEMBER(S) SPONSORING TRIP Kindergarten

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 Zoo ADDRESS 1100 Trevilian Way  
Louisville KY PHONE 502.459.2181  
40213

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP May 12th (waiting on confirmation) DEPARTURE TIME 9:00 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE KY science standards - Interdependent

Relationships in Ecosystems: Animals, plants, and  
SOURCE OF FUNDING FOR TRIP Student their environment

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 91 FACULTY SPONSORS 10 OTHER CHAPERONES @ 40+

TOTAL # OF PARTICIPANTS @ 141

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

Ganex Buynak  
Signature of Faculty Sponsor

3/18/22  
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]

Signature of Superintendent/Designee

3-21-22

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. Jennifer 2. \_\_\_\_\_

Gable

Number of buses requested: 3

PO # 2361

## School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS 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 Center ADDRESS 727 W. Main St. PHONE 502-561-6100

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP See Post-It DEPARTURE TIME 9:00 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE Science Concepts, STEM explorations, hands on, engineering standards

SOURCE OF FUNDING FOR TRIP Parents / family Resource if needed

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 110 FACULTY SPONSORS 5 OTHER CHAPERONES 15

TOTAL # OF PARTICIPANTS 130

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

Jenny Kidwell  
Signature of Faculty Sponsor

3-17-22  
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

3-21-22  
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

Possible Dates

5-11

5-12

5-18

5-19

Waiting on Science Center

Time if driver's hours

Meals provided by sponsor: ☐ Yes ☐ No

☐ Yes ☐ No

Send copy to lunchroom: ☐ Yes ☐ No

Bus limits: 2 persons per seat

and ends 15 min.

Number of buses requested: \_\_\_\_\_

PO # 2362

Copy - Bus Driver

Pink Copy - School Sponsor

## School-Related Student Trip Request Form

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

SCHOOL Tallapoosa Elem. FACULTY MEMBER(S) SPONSORING TRIP Fifth grade / 5th grade ECE / Teachers PASS

TYPE OF TRIP (CHECK ONE):

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

DESTINATION SCMS orientation ADDRESS 1263 Mt. Washington Rd. PHONE 502-477-3260  
☐ Out of State ☐ Out of County ☒ Within County

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

DATE(S) OF TRIP 5-23-2022 DEPARTURE TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_

PURPOSE/EDUCATIONAL VALUE Middle School introduction / tour orientation

SOURCE OF FUNDING FOR TRIP School funded

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 109 FACULTY SPONSORS Heidi OTHER CHAPERONES 6

TOTAL # OF PARTICIPANTS 116 Heids

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

Marita m

Signature of Faculty Sponsor

3-18-22

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]

Signature of Superintendent/Designee

3-21-22

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: \_\_\_\_\_

## School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Montgomery

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Beckley Creek Park ADDRESS 1411 Beckley Creek Plant PHONE 584-0350  
☐ Out of State ☐ Out of County ☐ Within County

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

DATE(S) OF TRIP 6/17/22 DEPARTURE TIME 9:30am RETURN TIME 2:30pm

PURPOSE/EDUCATIONAL VALUE

Water + Plant life Education, Water Safety  
SOURCE OF FUNDING FOR TRIP 21st club

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

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY TBB

NUMBER OF STUDENTS 100 FACULTY SPONSORS 4 OTHER CHAPERONES 6

TOTAL # OF PARTICIPANTS 110

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

[Signature]  
Signature of Faculty Sponsor

3/7/22  
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

3-21-22  
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: D. Montgomery Number of buses requested: 2

Pending District Funding?

## School-Related Student Trip Request Form

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

SCHOOL TES

FACULTY MEMBER(S) SPONSORING TRIP

Montgomery

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify

☒ Organization/Club Trip, specify TBB/Summerschool ☐ Other (athletic, band, if applicable)

DESTINATION

MOVIES

ADDRESS

TBD

PHONE

☐ 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

Age appropriate Movie

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

100

FACULTY SPONSORS

4

OTHER CHAPERONES

6

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

Signature of Faculty Sponsor

Date

3/7/22

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee

Date

3-21-22

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:

D. Montgomery J. Gable

Number of buses requested:

2

## School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Montgomery

TYPE OF TRIP (CHECK ONE):

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

DESTINATION SCMS ADDRESS 1263 MT Wash Rd PHONE 477-3260

☐ Out of State ☐ Out of County ☒ Within County

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

DATE(S) OF TRIP 6/15/22 DEPARTURE TIME 12:30 PM RETURN TIME 2:45 PM

PURPOSE/EDUCATIONAL VALUE Tutoring &

Leadership / Craft Fair

SOURCE OF FUNDING FOR TRIP 21st CCLC

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

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY TES TBB

NUMBER OF STUDENTS 100 FACULTY SPONSORS 10 OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 110

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

[Signature]  
Signature of Faculty Sponsor

3/7/22  
Date

Trip has been ☒ approved ☐ disapproved Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

3-21-22  
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 NA

Admission to event provided by sponsor: ☐ Yes ☒ No NA

Send copy to lunchroom: ☐ Yes ☒ No NA

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: D. Montgomery 2. J. Gable Number of buses requested: 2

## School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Montgomery

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Salado Wildlife Center ADDRESS 1 Sportsmen's Ln PHONE 502-564-7863

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 6/10/22 DEPARTURE TIME 9:15 AM RETURN TIME 2:30 pm

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

Wildlife education

SOURCE OF FUNDING FOR TRIP 21st CCLC

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

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY TESTBB

NUMBER OF STUDENTS 160 FACULTY SPONSORS 4 OTHER CHAPERONES 6

TOTAL # OF PARTICIPANTS 110

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

[Signature]  
Signature of Faculty Sponsor

3/7/22  
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

3-21-22  
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. D. Montgomery 2. S. Gable

Number of buses requested: 2

## School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Perry

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 Center ADDRESS 727 Main St. PHONE (502) 561-6100

☐ Out of State ☒ Out of County ☐ Within County

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

DATE(S) OF TRIP 5/5/22 DEPARTURE TIME 9:00 RETURN TIME 3:00

PURPOSE/EDUCATIONAL VALUE Social skills / sensory

Science exploration

SOURCE OF FUNDING FOR TRIP Parents

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

BILL TRIP EXPENSES TO: Parents

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

NUMBER OF STUDENTS 5 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 7

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212. Van

☐ 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

James Perry

Signature of Faculty Sponsor

3/9/22

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]

Signature of Superintendent/Designee

3-21-22

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: \_\_\_\_\_

Van

#2364



## School-Related Student Trip Request Form

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

SCHOOL Taylorville Elem FACULTY MEMBER(S) SPONSORING TRIP Fifth Grade Teachers 5th grade Ea PASS

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Ray Jewell Park ADDRESS 236 Plum Creek Rd PHONE \_\_\_\_\_

☐ Out of State ☐ Out of County ☒ Within County

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

DATE(S) OF TRIP 5-25-2022 DEPARTURE TIME 9:00 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE fifth grade trip

SOURCE OF FUNDING FOR TRIP student funded \$250 per 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 students

NUMBER OF STUDENTS 109 FACULTY SPONSORS 10 OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 119

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

Martie [Signature]

Signature of Faculty Sponsor

3-18-22

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]

Signature of Superintendent/Designee

3-21-22

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: 2

PO # 2363

## School-Related Student Trip Request Form

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

SCHOOL TES FACULTY MEMBER(S) SPONSORING TRIP Hutt, Zuhars, Drake, Clark & Hall  
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 Zoo ADDRESS 1100 Trevilian Way PHONE 502.459.2181  
☐ Out of State ☐ Out of County ☐ Within County Louisville, KY 40213  
☐ Overnight: give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 4/13/22 DEPARTURE TIME 9:00 RETURN TIME 2:00  
PURPOSE/EDUCATIONAL VALUE Learn about animals & their habitats

SOURCE OF FUNDING FOR TRIP Students \$15

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 113 FACULTY SPONSORS 10 OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 123

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

Kelly Hutt

Signature of Faculty Sponsor

3/1/22

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

[Signature]

Signature of Superintendent/Designee

3-21-22

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: 3

PO # 2360

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor