

STUDENTS

09.36 AP.21

Local

School-Related Student Trip Request Form

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

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP Collins, Gurn, H. H. H.
TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☒ Organization/Club Trip, specify Academic Team ☐ Other (athletic, band, if applicable) _____
DESTINATION Salt House, Louisville ADDRESS 140 W. Park St. PHONE 502-589-5200
☐ Out of State ☒ Out of County ☐ Within County
☐ Overnight; give name, address, phone of lodging _____
DATE(S) OF TRIP 3/10/12 DEPARTURE TIME 11:30 AM RETURN TIME 6 PM
PURPOSE/EDUCATIONAL VALUE KAAE Awards Ceremony, Frontier W. Trip
SOURCE OF FUNDING FOR TRIP Academic Team Funds

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 14 FACULTY SPONSORS 3 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 17

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.) Collins, Gurn, Singh
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 _____

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

Competition trips (athletic/academic) Driver salary plus \$15

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

Send copy to lunchroom: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Number of buses requested: _____

RELATED PROCEDURES:

09.36 AP.211. 09.36 AP.212

Review/Revised: 09/22/03

Note - Request Chad Gaddlett as driver. (Contacted)

Local

School-Related Student Trip Request Form

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

SCHOOL SCMS

FACULTY MEMBER(S) SPONSORING TRIP Jamie Ward

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 Hometown Pizza ADDRESS Taylorsville, Ky PHONE 502-477-1111

☐ Out of State ☐ Out of County ☒ Within County

☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP 3/31/22 DEPARTURE TIME 12:00 PM RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE Learning the value of a dollar.

Budgeting

SOURCE OF FUNDING FOR 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 8 FACULTY SPONSORS 4 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 12

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

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

mmmmmm
Signature of Superintendent/Designee

3/14/22
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: _____

White Copy - Central Office

Yellow Copy - Bus Driver

Pink Copy - School Sponsor

Local JB

School-Related Student Trip Request Form

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

SCHOOL SCMS

FACULTY MEMBER(S) SPONSORING TRIP 8th Grade Teachers

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 8th Grade Promotion Trip
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

DESTINATION Belle of Louisville ADDRESS 401 West River Road
Louisville, KY 40202 PHONE 502-574-2992

☐ Out of State ☐ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP May 26, 2022 DEPARTURE TIME 8:50am RETURN TIME 2:15 pm

PURPOSE/EDUCATIONAL VALUE 8th Grade Promotion Trip

SOURCE OF FUNDING FOR TRIP Students

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 247 FACULTY SPONSORS 10 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 257

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

Sean Bynum

Signature of Faculty Sponsor

2-18-2022

Date

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

[Signature]

Signature of Superintendent/Designee

2/22/22

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: _____

YOUR COPY FOR
SBDN

School-Related Student Trip Request Form

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

SCHOOL SCMS FACULTY MEMBER(S) SPONSORING TRIP Owen

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	ADDRESS	PHONE
TES		

- ☐ Out of State ☐ Out of County ☒ Within County

☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP 3/18/22 DEPARTURE TIME 12:20 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE opportunity to perform for other

Students in the district
SOURCE OF FUNDING FOR TRIP Band School Acct.

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. 7 FACULTY SPONSORS 1 OTHER CHAPERONES

TOTAL # OF PARTICIPANTS 8

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) Owen

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 Yubecan Wae Owe Date 3/11/22

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 ☐ NoAdmission 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