School-Related Student Trip Request Form

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

SCHOOL **SCMS** FACULTY MEMBER(S) SPONSORING TRIP **Brenna Murray**

TYPE OF TRIP (CHECK ONE)

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

☑ Organization/Club Trip, specify **Leadership** ☐ Other (athletic, band, if applicable)

DESTINATION **Central Park** ADDRESS **1340 S. 4th St** PHONE **(502) 574-7275**

☐ Out of State ☑ Out of County ☐ Within County **Louisville, Ky 40208**

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

DATE(S) OF TRIP **July 16, 2022** DEPARTURE TIME _____ RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP **drama 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

NUMBER OF STUDENTS **3** FACULTY SPONSORS **1** OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS **4**

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 _____

Matt Mercer   7 | 15 | 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

Overnight lodging: Single room

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

Send copy to lunchroom? ☐ Yes ☐ No

Bus limits: 2 persons per seat

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

White Copy – Central Office   Yellow Copy – Bus Driver   Pink Copy – School Sponsor