

School- Related Student Trip Request Form
SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP

PO #:

SCHOOL: SCMS FACULTY MEMBER SPONSORING TRIP: Stacy LaRue

☐ Classroom Field Trip ☒ Class Trip (whole grade), specify 7th & 8th grade Advanced Art Classes
☐ Organization/ Club: _____ ☐ other (athletic, band, etc.) _____

DESTINATION: St James Court Art Show @ Central Park ADDRESS: 1340 South 4th Street, L-ville, KY
☐ Out of State ☒ Out of County ☐ within County ☐ Overnight: _____

DATE(S) OF TRIP: Friday Sept 30, 2022 DEPARTURE TIME: 8:00 AM RETURN TIME: 2:00 pm

PURPOSE/ EDUCATION VALUE: exposure to wide variety of professional artists and exploring the variety of art products presented, experience a juried art exhibition

SOURCE OF FUNDING FOR TRIP: \$500 paid by student combined w/ previously fundraised

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY. money in ARTS PROGRAM acct # 715

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER: Acct # 7150
NUMBER OF STUDENTS: 55 FACULTY SPONSORS: 1 OTHER CHAPERONES: 15
TOTAL NUMBER OF PARTICIPATES: 71

MODE OF TRANSPORTATION:

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212 ☒ BUS ☐ VAN
☐ CERTIFIED COMMON CARRIER; SPECIFY _____
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION: (Attach a list of names of adults accompanying students on trip).

Have all chaperones undergone the required AOC check and been designated by the principal/designee to supervise students? ☒ YES ☐ NO

Stacy LaRue
Name of Faculty Sponsor

August 11, 2022
Date

Trip has been: ☐ approved ☐ disapproved. Reason: _____

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: Bus Limit: 2 persons per seat

\$0.93 per mile

Regular hourly rate for driver; plus overtime

If driver's hours exceed 40 per week.

Overnight lodging: Single room.

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

Meals provided by sponsor: ☐ YES ☐ NO

Send copy to lunchroom: ☐ YES ☐ NO

Admission to event provided: ☐ YES ☐ NO

Number of Buses Requested: _____

TRANSPORTATION OFFICE USE ONLY:

Drivers: 1. _____ 2. _____ 3. _____