

**School-Related Student Trip Request Form**

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

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Amber Waller  
Sonia Valentin  
 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 La Casita ADDRESS 233 Magnolia Ave PHONE 322 4026  
Louisville KY 40208  
☐ Out of State ☒ Out of County ☐ Within County  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_  
 DATE(S) OF TRIP 11-8-22 12-6-22 DEPARTURE TIME 7:40 RETURN TIME 2:20  
 PURPOSE/EDUCATIONAL VALUE Volunteer leadership / community outreach

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 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.☐ 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 ☐ NoAmber Waller  
Signature of Faculty Sponsor9-13-22  
DateTrip 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

~~\$0.50~~ 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. \_\_\_\_\_ Number of buses requested: \_\_\_\_\_

Meals provided by sponsor: ☒ Yes ☐ NoSend copy to lunchroom: ☐ Yes ☒ No

Bus limits: 2 persons per seat

## RELATED PROCEDURES:

09.36 AP.211. 09.36 AP.212

Review/Revised: 09/22/03

*\*Request for van will be sent \**