

Day Trip

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

PO #:

SCHOOL: Taylorsville Elem. FACULTY MEMBER SPONSORING TRIP: 1st grade (Hutt, Hall, Drake, Burns)
☐ Classroom Field Trip ☒ Class Trip (whole grade), specify 1st Grade
☐ Organization/ Club: _____ ☐ other (athletic, band, etc.) _____

DESTINATION: Mulberry Orchard ADDRESS: 1330 Mulberry Pike Shelbyville, KY 40
☐ Out of State ☒ Out of County ☐ within County ☐ Overnight: _____

DATE(S) OF TRIP: 10/5/22 DEPARTURE TIME: 9:00 RETURN TIME: _____
PURPOSE/ EDUCATION VALUE: Learn about the life cycle of apples and pumpkins

SOURCE OF FUNDING FOR TRIP: Students pay (\$7 to orchard + bus fee) \$14.00 total
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY.

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER: _____
NUMBER OF STUDENTS: 91 FACULTY SPONSORS: 7 (free) OTHER CHAPERONES: 40 (free)
TOTAL NUMBER OF PARTICIPATES: 138

MODE OF TRANSPORTATION:

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.312 ☒ 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 AGC check and been designated by the principal/designee to supervise students? ☒ YES ☐ NO

Kelly Hutt
Name of Faculty Sponsor

9/1/22
Date

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

[Signature]
Signature of Superintendent/Designee

9-19-22
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: 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. _____