Local Day in

School- Related Student Trip Request Form SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP DANCE FACULTY MEMBER SPONSORING TRIP: Tab Tha ☐ Classroom Field Trip ☐ Class Trip (whole grade), specify_ ☐ Organization/ Club: ☐ other (athletic, band, etc.) DESTINATION: Ballard Migh School Address: 6000 Brownshovo Rd. Louiville Ky Out of State Out of County within County Overnight: 40222 DATE(S) OF TRIP: 1-14-23 DEPARTURE TIME: DEPARTURE TIME: Dance (Omperition) SOURCE OF FUNDING FOR TRIP: FUNDYAISING/PAVENT NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY. **BILL TRIP EXPENSES TO:** ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD OTHER: OTHER CHAPERONES: 13 NUMBER OF STUDENTS: 1.5 FACULTY SPONSORS: TOTAL NUMBER OF PARTICIPATES: MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? NO TYES, SEE PROCEDURE 09.36 AP.212 T BUS ☐ 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 ☐ YES □ NO students? Name of Faculty Sponsor disapproved. Reason: Signature of Superintendent/Designee 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 Meals provided by sponsor: ☐ YES NO If driver's hours exceed 40 per week. Send copy to lunchroom: ☐ YES NO Overnight lodging: Single room. Admission to event provided: YES NO Drive time starts 15 minutes before departure and 15 minutes after arrival. Number of Buses Requested: TRANSPORTATION OFFICE USE ONLY:

Local DAyIvip

SCHOOL: SCES Dance FACULTY MEMBER SPONSORING TRIP: Tabitha Hall Classroom Field Trip Class Trip (whole grade), specify Organization/Club: Other (athletic, band, etc.)
☐ Classroom Field Trip ☐ Class Trip (whole grade), specify ☐ Organization/ Club: ☐ other (athletic, band, etc.)
DESTINATION: Cheev Elite Competition ADDRESS: Letington, Ky Out of State Out of County within County Overnight:
DATE(S) OF TRIP: 2-25-23 DEPARTURE TIME:RETURN TIME: PURPOSE/ EDUCATION VALUE:
SOURCE OF FUNDING FOR TRIP: FUNDING LONG PAYENT PAY
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER: NUMBER OF STUDENTS: FACULTY SPONSORS: OTHER CHAPERONES: 3 TOTAL NUMBER OF PARTICIPATES: 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? TYES TO NO 9-14-22
Name of Faculty Sponsor Date
Trip has been: Description
A. S. 9.19-22
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: Bus Limit: 2 persons per seat
\$0.93 per mile Regular hourly rate for driver; plus overtime Meals provided by sponsor: YES NO
If driver's hours exceed 40 per week. Meals provided by sponsor: YES NO Send copy to lunchroom: YES NO
Overnight lodging: Single room. Admission to event provided: YES NO
Drive time starts 15 minutes before departure and
15 minutes after arrival. Number of Buses Requested:
TRANSPORTATION OFFICE USE ONLY: 2

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	I I	O#:	
School- Related Stude SUBMIT THIS FORM TWO (nt Trip Request Form 2) WEEKS <u>PRIOR</u> TO THE TRIP	dunteer cuach	
SCHOOL: SCES Dance FACULTY N	MEMBER SPONSORING TRIP : $\int a$	bitha Hail	
☐ Classroom Field Trip ☐ Class Trip (whole grade), specify. ☐ Organization/ Club:			
ean and a second and		VV	
DESTINATION: Wer Fite (ompetition ALL) Out of State Sout of County within C	DORESS: VY (NY) ON Dunty Dovernight: G	F1	
DATE(S) OF TRIP: 3-18-23 DEPARTURE TIME:RETURN TIME:			
PURPOSE/ EDUCATION VALUE:			
Englishing	Davout Day		
SOURCE OF FUNDING FOR TRIP: FUNDYAISING PAYENT PAY			
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY. BILL TRIP EXPENSES TO:			
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCI		_	
NUMBER OF STUDENTS:			
TOTAL NUMBER OF PARTICIPATES			
TOTAL NUMBER OF PARTICIPATES:			
IS DISTRICT TRANSPORTATION NEEDED! DANG LAYES, SEE PRO	CEDURE 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			
aroun yau	9-	14-22	
Name of Faculty Sponsor		Date	
Trip has been: approved			
Trip has been: □approved □disapproved. Reas	on:		
1 2	9-19	- 22	
Signature of Superintendent/Designee		Date	
For overnight and/or out-of-state trips, approval of the super	intendent and/or Board may be re		
FIELD TRIP CHARGES: Bus Limit: 2 persons per seat		7	
60.93 per mile			
legular hourly rate for driver; plus overtime	Meals provided by sponsor:	□ YES □ NO	
f driver's hours exceed 40 per week.	Send copy to lunchroom:	☐ YES ☐ NO	
Overnight lodging: Single room.	Admission to event provided:	□ YES □ NO	
Prive time starts 15 minutes before departure and			
15 minutes after arrival.	Number of Buses Requested:		
TRANSPORTATION OFFICE USE ONLY:			
Drivers: 122.		}	

Local- DAy Trip

School- Related Student Trip Request Form SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP WATER WALM				
SCHOOL: SCES DANCE FACULTY				
☐ Classroom Field Trip ☐ Class Trip (whole grade), specify				
☐ Organization/ Club: ☐ other (athletic, band, etc.)				
DESTINATION: Eastern High School ADDRESS: 12400 Bid Shelly ville Rd. Out of State Out of County within County Overnight:				
DESTINATION: DUSTEN TIME SCHOOL A	DDRESS: LOUDVIN	17, 47 402A3		
☐ Out of State ☐ Out of County ☐ Overnight:				
	PARTURE TIME:R			
Dance com	bethon			
SOURCE OF FUNDING FOR TRIP: FUNDING ING PANEUT PAY				
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY.				
BILL TRIP EXPENSES TO:				
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNC				
TOTAL NUMBER OF PARTICIPATES: 13 FACULTY SPONSORS: 1 OTHER CHAPERONES: 13				
	NSPORTATION.	tation waivers		
IS DISTRICT TRANSPORTATION NEEDED? AND YES, SEE PROCEDURE 09.36 AP.212 BUS VAN				
CERTIFIED COMMON CARRIER; SPECIFY		tered 77110		
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 principa	I/designee to supervise		
students?				
Talinha Hall 9-11e-22				
Name of Faculty Sponsor	2	Date		
		Date 11-3-15-2		
Trip has been: papproved				
$A \circ A$		***************************************		
11 2	9.	19-22		
Signature of Superintendent/Designee		Date		
For overhight and/or out-of-state trips, approval of the supe	rintendent and/or Board may be			
17.				
FIELD TRIP CHARGES: Bus Limit: 2 persons per seat				
60.93 per mile				
Regular hourly rate for driver; plus overtime	Meals provided by sponsor:	☐ YES ☐ NO		
f driver's hours exceed 40 per week.	Send copy to lunchroom:	☐ YES ☐ NO		
Overnight lodging: Single room.	Admission to event provided	: □YES □ NO		
Prive time starts 15 minutes before departure and				
15 minutes after arrival.	Number of Buses Requested:	4 to		
TRANSPORTATION OFFICE USE ONLY:		1		
	3			

Local - DAY Trip

School- Related Student Trip Request Form SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP **FACULTY MEMBER SPONSORING TRI** SCHOOL: ☐ Organization/ Club: _____ □ other (athletic, band, etc.) ADDRESS: OI Out of State ☐ within County DEPARTURE TIME: 9:00 RETURN TIME: 2 DATE(S) OF TRIP: SOURCE OF FUNDING FOR TRIP: 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: 144 FACULTY SPONSORS: **OTHER CHAPERONES:** TOTAL NUMBER OF PARTICIPATES: MODE OF TRANSPORTATION: BUS IS DISTRICT TRANSPORTATION NEEDED? WNO \$5,5EE PROCEDURE 09.36 AP.212 ☐ VAN CERTIFIED COMMON CARRIER; SPECIFY Willer Transportation □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 Name of Faculty Sponsor Trip has been:

_approved ☐disapproved. Reason:__ Sign dure of Superintendent/Designee 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 Meals provided by sponsor: ☐ YES □ NO If driver's hours exceed 40 per week. Send copy to lunchroom: ☐ YES □ NO Overnight lodging: Single room. Admission to event provided:

YES □ NO Drive time starts 15 minutes before departure and 15 minutes after arrival. Number of Buses Requested: TRANSPORTATION OFFICE USE ONLY: Drivers: 1. _____