

PO #: _____

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

SCHOOL: Taylorsville Elem. FACULTY MEMBER SPONSORING TRIP: Kindergarten

☒ Classroom Field Trip ☐ Class Trip (whole grade), specify _____
☐ Organization/ Club: _____ ☐ other (athletic, band, etc.) _____

DESTINATION: Explorium of Lexington ADDRESS: Short St. Lexington #1
☐ Out of State ☐ Out of County ☐ within County ☐ Overnight: _____

DATE(S) OF TRIP: 12/12/22 12-15-22 DEPARTURE TIME: 9am RETURN TIME: 2pm

PURPOSE/ EDUCATION VALUE: interactive science through play
exploration (hydroelectric, KY river, nocturnal animals, caves
enrichment tour oral hygiene, profession exploration)

SOURCE OF FUNDING FOR TRIP: Student payment

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: 120 FACULTY SPONSORS: 10 OTHER CHAPERONES: 075
 TOTAL NUMBER OF PARTICIPATES: @ 205

MODE OF TRANSPORTATION:

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP. 2.12 ☐ 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

Shawna Buynak
 Name of Faculty Sponsor

10/18/22
 Date

Trip has been ☒ approved ☐ disapproved. Reason: _____

[Signature]
 Signature of Superintendent/Designee

10/20/22
 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. Jennifer Gable 2. _____ 3. _____

\$13.00/student \$9.00/adult

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PO #:

SCHOOL: Taylorsville Elem. FACULTY MEMBER SPONSORING TRIP: Julie Voegelé

☒ Classroom Field Trip ☒ Class Trip (whole grade), specify 3rd grade (all)
☐ Organization/ Club: ☐ other (athletic, band, etc.)

DESTINATION: Stage One ADDRESS: 315 W. Market Street Lou. KY
☐ Out of State ☒ Out of County ☐ within County ☐ Overnight:

DATE(S) OF TRIP: 12-2-22 DEPARTURE TIME: 9 AM RETURN TIME: 2 PM
\$14 per student

PURPOSE/ EDUCATION VALUE: To provide the opportunity to attend a play - This experience is one outside of their current everyday activity
RL 3.5

SOURCE OF FUNDING FOR TRIP: Student + Chaperone Payment
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY.

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER: Book Keeper
NUMBER OF STUDENTS: 115 FACULTY SPONSORS: 7 OTHER CHAPERONES: 10
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? ☐ YES ☒ NO currently working on this

Julie Voegelé
Name of Faculty Sponsor

10-17-22
Date

Trip has been: ☒ approved ☐ disapproved. Reason:

[Signature]
Signature of Superintendent/Designee

10/20/22
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. _____