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TRANSPORTATION OFFICE USE ONLY:

PO #: **School- Related Student Trip Request Form** SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP SCHOOL: TES FACULTY MEMBER SPONSORING TRIP: Melinda Harrelson □ Organization/ Club: □ other (athletic, band, etc.) DESTINATION: ADDRESS: Louisville, KY 40671 □ Out of State ☐ Classroom Field Trip Class Trip (whole grade), specify 5th Grade ☐ Out of State DEPARTURE TIME: 9:00 RETURN TIME: 2:00 DATE(S) OF TRIP: 12-2-22 **PURPOSE/ EDUCATION VALUE:** source of funding for trip: Student Paid NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY **BILL TRIP EXPENSES TO:** ☐ SCHOOL COUNCIL ☐ BOARD ☐ SPONSORING ORGANIZATION ☐ OTHER: NUMBER OF STUDENTS: ___96 FACULTY SPONSORS: OTHER CHAPERONES: TOTAL NUMBER OF PARTICIPATES: 100 **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? VES YES Name of Faculty Sponsor Trip has been: Dapproved □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 NO Meals provided by sponsor: ☐ YES If driver's hours exceed 40 per week. T YES Send copy to lunchroom: □ 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: