Local

School- Related Student Trip Request Form
SUBMIT THIS FORM TWO (2) WEEKS <u>PRIOR</u> TO THE TRIP
SCHOOL: SCMS FACULTY MEMBER SPONSORING TRIP: 8th Grade-Buynak
Classroom Field Trip Class Trip (whole grade), specify <u>Promotion Trip</u> Organization/ Club: Other (athletic, band, etc.)
DESTINATION: Mary M. Miller River Boat ADDRESS: 40/ W River Road Lunisville, KY 4020. Out of State Out of County within County Overnight:
DATE(S) OF TRIP: May 19, 2023 DEPARTURE TIME: 8:45am RETURN TIME: 2:15pm PURPOSE/EDUCATION VALUE: 8th Grade Promotion Trip
SOURCE OF FUNDING FOR TRIP: Students
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY.
BILL TRIP EXPENSES TO:
NUMBER OF STUDENTS: 235 SCHOOL COUNCIL BOARD OTHER:
NUMBER OF STUDENTS: 235 FACULTY SPONSORS: 10 OTHER CHAPERONES: 6
TOTAL NUMBER OF PARTICIPATES: 25
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? X YES I NO
Jean Burner 3-29-23
Name of Faculty Sponsor Date
Trip has been: approved
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.
CIELD TOID CHADCEC, Bug Limits 2 marrons per cont
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:
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: 13



	PO#:
School- Related Studen	*** **********************************
SUBMIT THIS FORM TWO (2)	WEEKS <u>PRIOR</u> TO THE TRIP
school: Spencer Co. Middle FACULTY ME	MBER SPONSORING TRIP: GMSS
Classroom Field Trip Class Trip (whole grade), specify_	
☐ Organization/ Club:	other (athletic, band, etc.)
abencer county	
DESTINATION: COOPERATIVE EXENSION ADD	RESS:
☐ Out of State ☐ Out of County ☐ within Cou	unty Overnight:
PURPOSE/ EDUCATION VALUE: 7th grade auxil	arture time: 1:00 return time: 1:00
SOURCE OF FUNDING FOR TRIP: School funds	for 7th grade
NO STUDENT SHALL BE DENIED THE T	
BILL TRIP EX	
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL	BOARD OTHER:
NUMBER OF STUDENTS: 250 FACULTY SPO	NSORS: 10 OTHER CHAPERONES: POST 5-10
MODE OF TRAN	SPORTATION: Student Will Walk over
IS DISTRICT TRANSPORTATION NEEDED?	
☐CERTIFIED COMMON CARRIER; SPECIFY	3
□PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY	DRIVER(S)
SUPERVISION: (Attach a list of names of	
Have all chaperones undergone the required AOC check and b	een designated by the principal/designee to supervise
students?	
Michalla Carro	4/14/23
Name of Faculty Sponsor	Date
Trip has been: □approved □disapproved. Reason	on:
Signature of Superintendent/Designee	Date
For overnight and/or out-of-state trips, approval of the super	intendent and/or Board may be required by policy 09.36.
	1
FIELD TRIP CHARGES: Bus Limit: 2 persons per seat	needia Diagrational
\$0.93 per mile \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Meals provided by sponsor: TYES NO
•	Meals provided by sponsor:
If driver's hours exceed 40 per week.	Schaeopy to failons oom.
Overnight lodging: Single room. Drive time starts 15 minutes before departure and	Admission to event provided: 🗆 YES 🗀 NO
15 minutes after arrival.	Number of Buses Requested:
	TENTION OF BROWN HENDERSCHILL
TRANSPORTATION OFFICE USE ONLY:	

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	dent Trip Request Form D (2) WEEKS <u>PRIOR</u> TO THE TRIP
SCHOOL: SCHOOL FACULT	MEMBER SPONSORING TRIP: Famile Were
☐ Classroom Field Trip ☐ Class Trip (whole grade), spec☐ Organization/ Club:	
	ADDRESS: 91 Settlers center rd County Deveright:
DATE(S) OF TRIP: 5423 PURPOSE/ EDUCATION VALUE: Financial E	
SOURCE OF FUNDING FOR TRIP:	
	HE TRIP BECAUSE OF INABILITY TO PAY.
	EXPENSES TO:
	NCIL DOARD OTHER:
and the second s	SPONSORS: 2 OTHER CHAPERONES:
TOTAL NUMBER OF PARTICIPATES: 12	
MODE OF T	RANSPORTATION:
IS DISTRICT TRANSPORTATION NEEDED? IN THE S. SEE	PROCEDURE 09.36 AP.212 BUS DVAN
☐PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPEC	DIFY DRIVER(S)
SUPERVISION: (Attach a list of names	of adults accompanying students on trip).
Have all chaperones updergone the required AOC check a	nd been designated by the principal/designee to supervise
students?	
Jame Wave	4/11/23
Name of Faculty Sponsor	Date
Trip has been: □approved □disapproved. R	eason:
manere	4/1./23
Signature of Superintendent/Designee	Date
For overnight and/or out-of-state trips, approval of the su	perintendent and/or Board may be required by policy 09.36.
FIELD TRIP CHARGES: Bus Limit: 2 persons per seat	
50.93 per mile Regular hourly rate for driver; plus overtime	Mode provided by spanson TVSS Take
f driver's hours exceed 40 per week.	Meals provided by sponsor:
Overnight lodging: Single room.	Send copy to lunchroom: YES NO
Orive time starts 15 minutes before departure and	Admission to event provided: YES NO
15 minutes after arrival.	Number of Buses Requested:
TRANSPORTATION OFFICE USE ONLY:	
Drivers: 1.	3

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PO #:
School- Related Student Trip Request Form
SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP
SCHOOL: Spencer County Middle FACULTY MEMBER SPONSORING TRIP Georgianne Bradbury
□ Classroom Field Trip Class Trip (whole grade), specify 6 Code
☐ Organization/ Club: ☐ other (athletic, band, etc.)
DESTINATION: \Scape Movie Theater ADDRESS: 12450 Sycamore Station Place Out of State Out of County within County Overnight:
☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight:
The state of the s
DATE(S) OF TRIP: TUESday May 9th DEPARTURE TIME: 8:45 RETURN TIME: 10:00 PURPOSE/EDUCATION VALUE: Student achievement reward.
PURPOSE/EDUCATION VALUE: Student achievement revard.
Ct. in ent.
SOURCE OF FUNDING FOR TRIP: STUDENTS
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: 342 FACULTY SPONSORS: 10 OTHER CHAPERONES:
TOTAL NUMBER OF PARTICIPATES: <u>853</u>
MODE OF TRANSPORTATION:
IS DISTRICT TRANSPORTATION NEEDED? INO 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 INO
Demara in Bradlynn
Name of Faculty Sponsor Date
The state of the s
Trip has been: approved disapproved. Reason:
Tity has been. Elappioved Elasapproved. Resont.
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.
To overling the array of our of state crips, approval of the superinternative analysis board may be required by policy as:so:
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:
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:
Annual Control of Cont
TRANSPORTATION OFFICE USE ONLY:
Drivers: 1 2 3