

Local

PO #:

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

SCHOOL: SCMS FACULTY MEMBER SPONSORING TRIP: 8<sup>th</sup> Grade-Buynak

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

DESTINATION: Mary M. Miller River Boat ADDRESS: 401 W River Road Louisville, KY 40202  
☐ 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: 8<sup>th</sup> 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:**

☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER: \_\_\_\_\_  
NUMBER OF STUDENTS: 235 FACULTY SPONSORS: 10 OTHER CHAPERONES: 6  
TOTAL NUMBER OF PARTICIPATES: 251

**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

Sean Buynak  
Name of Faculty Sponsor

3-29-23  
Date

Trip has been: ☐ approved ☐ disapproved. Reason: \_\_\_\_\_

\_\_\_\_\_  
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

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. \_\_\_\_\_

local

PO #: \_\_\_\_\_

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

SCHOOL: Spencer Co. Middle FACULTY MEMBER SPONSORING TRIP: Gross

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

DESTINATION: Spencer County Cooperative Extension ADDRESS: \_\_\_\_\_  
☐ Out of State ☐ Out of County ☒ within County ☐ Overnight: \_\_\_\_\_

DATE(S) OF TRIP: 5/15/23 DEPARTURE TIME: 11:00 RETURN TIME: 1:00  
PURPOSE/ EDUCATION VALUE: 7th grade awards banquet

SOURCE OF FUNDING FOR TRIP: School funds for 7th grade

**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: 250 FACULTY SPONSORS: 10 OTHER CHAPERONES: possibly 5-10  
TOTAL NUMBER OF PARTICIPATES: 260

MODE OF TRANSPORTATION: Students will walk over

IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES, SEE PROCEDURE 09.36 AP.232 ☐ BUS ☐ VAN through field  
☐ 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

Michelle Gross  
Name of Faculty Sponsor

4/14/23  
Date

Trip has been: ☐ approved ☐ disapproved. Reason: \_\_\_\_\_

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  
If driver's hours exceed 40 per week.  
Overnight lodging: Single room.  
Drive time starts 15 minutes before departure and  
15 minutes after arrival.

Not needed

Pizza for all students

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. \_\_\_\_\_

local

PO #: \_\_\_\_\_

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

SCHOOL: SCMS FACULTY MEMBER SPONSORING TRIP: Jamie Ware

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

DESTINATION: Hometown Pizza ADDRESS: 91 Settlers center rd  
☐ Out of State ☐ Out of County ☒ within County ☐ Overnight: \_\_\_\_\_

DATE(S) OF TRIP: 5/4/23 DEPARTURE TIME: 1130 RETURN TIME: 100  
PURPOSE/ EDUCATION VALUE: Financial Experience

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: 10 FACULTY SPONSORS: 2 OTHER CHAPERONES: \_\_\_\_\_  
TOTAL NUMBER OF PARTICIPATES: 12

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

Jamie Ware  
Name of Faculty Sponsor

4/11/23  
Date

Trip has been: ☐ approved ☐ disapproved. Reason: \_\_\_\_\_

mmmmmm 4/11/23  
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  
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. \_\_\_\_\_

local

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<sup>th</sup> Grade  
☐ Organization/ Club: \_\_\_\_\_ ☐ other (athletic, band, etc.) \_\_\_\_\_

DESTINATION: Xscape Movie Theater ADDRESS: 12450 Sycamore Station Place  
☐ Out of State ☒ Out of County ☐ within County ☐ Overnight: \_\_\_\_\_

DATE(S) OF TRIP: Tuesday, May 9<sup>th</sup> DEPARTURE TIME: 8:45 RETURN TIME: 12:00  
PURPOSE/ EDUCATION VALUE: Student achievement reward.

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: 242 FACULTY SPONSORS: 10 OTHER CHAPERONES: \_\_\_\_\_

TOTAL NUMBER OF PARTICIPATES: 252

**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

Georgianne Bradbury  
Name of Faculty Sponsor

4/12/23  
Date

Trip has been: ☐ approved ☐ disapproved. Reason: \_\_\_\_\_

\_\_\_\_\_  
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

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. \_\_\_\_\_