

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

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

SCHOOL: TES FACULTY MEMBER SPONSORING TRIP: Harrelson

☐ Classroom Field Trip ☒ Class Trip (whole grade), specify 5th  
☐ Organization/ Club: \_\_\_\_\_ ☐ other (athletic, band, etc.) \_\_\_\_\_

DESTINATION: Ray Jewell Park ADDRESS: Ray Rd Taylorsville KY  
☐ Out of State ☐ Out of County ☒ within County ☐ Overnight: \_\_\_\_\_

DATE(S) OF TRIP: May 12, 2023 DEPARTURE TIME: 9:00 RETURN TIME: as late as we can  
PURPOSE/ EDUCATION VALUE: 5th grade celebration

SOURCE OF FUNDING FOR TRIP: Student \$350 per student transportation cost  
**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY.**

BILL TRIP EXPENSES TO:  
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER: student ?  
NUMBER OF STUDENTS: 96 FACULTY SPONSORS: 5 OTHER CHAPERONES: \_\_\_\_\_  
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

M. Harrelson 4-11-23  
Name of Faculty Sponsor Date

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

S. [Signature] 4-17-23  
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: 2

**TRANSPORTATION OFFICE USE ONLY:**

Drivers: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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

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

SCHOOL: TES FACULTY MEMBER SPONSORING TRIP: Henderson

☐ Classroom Field Trip ☒ Class Trip (whole grade), specify 5th  
☐ Organization/ Club: \_\_\_\_\_ ☐ other (athletic, band, etc.) \_\_\_\_\_

DESTINATION: SCMS ADDRESS: 1203 Mt Washington Rd  
☐ Out of State ☐ Out of County ☒ within County ☐ Overnight: \_\_\_\_\_

DATE(S) OF TRIP: 5-15-23 DEPARTURE TIME: ? RETURN TIME: \_\_\_\_\_  
PURPOSE/ EDUCATION VALUE: tour middle school

SOURCE OF FUNDING FOR TRIP: District Funds

**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: 96 FACULTY SPONSORS: 5 OTHER CHAPERONES: ?

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

M. Henderson 4-11-23  
Name of Faculty Sponsor Date

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

[Signature] 4-17-23  
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: 2

**TRANSPORTATION OFFICE USE ONLY:**

Drivers: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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

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

SCHOOL: TES FACULTY MEMBER SPONSORING TRIP: Voegele

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

DESTINATION: Louisville Zoo ADDRESS: 1100 Trevilian Way LOU KY 40213  
☐ Out of State ☒ Out of County ☐ within County ☐ Overnight: \_\_\_\_\_

DATE(S) OF TRIP: May 15, 2023 DEPARTURE TIME: 9:00 RETURN TIME: 2:00 p  
PURPOSE/ EDUCATION VALUE: A life experience that some / many of our students have never been exposed to. (Animal Habitats)  
SOURCE OF FUNDING FOR TRIP: Parent Fee (and the major animal groups every child should know)  
\$15 per student NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY.

BILL TRIP EXPENSES TO:  
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER: students  
NUMBER OF STUDENTS: 115 FACULTY SPONSORS: 7 OTHER CHAPERONES: \_\_\_\_\_  
TOTAL NUMBER OF PARTICIPATES: 127

MODE OF TRANSPORTATION:  
IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP 9.12 ☒ BUS ☐ VAN  
☐ CERTIFIED COMMON CARRIER; SPECIFY \_\_\_\_\_  
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

SUPERVISION: (Attach 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 But we are currently working on this

Julie Voegel  
Name of Faculty Sponsor

\_\_\_\_\_ Date

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

Sally Cox  
Signature of Superintendent/Designee

4-17-23  
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: 3

**TRANSPORTATION OFFICE USE ONLY:**

Drivers: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_