

OVERNIGHT

PO #:

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

SCHOOL: Spencer Co. HS FACULTY MEMBER SPONSORING TRIP: Mike Maxxsbury

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

DESTINATION: Campbellsville University ADDRESS: Campbellsville KY  
☐ Out of State ☒ Out of County ☐ within County ☒ Overnight: \_\_\_\_\_

DATE(S) OF TRIP: 7/24 - 7/27/23 DEPARTURE TIME: 10AM RETURN TIME: 4PM  
PURPOSE/ EDUCATION VALUE: Football Team Camp

SOURCE OF FUNDING FOR TRIP: Football

**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: 50 FACULTY SPONSORS: 5 OTHER CHAPERONES: 0  
TOTAL NUMBER OF PARTICIPATES: 55

**MODE OF TRANSPORTATION:**

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP. 2.1  
☐ 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 ABC check and been designated by the principal/designee to supervise students? ☒ YES ☐ NO

Mike Maxxsbury  
Name of Faculty Sponsor

7/2/23  
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. \_\_\_\_\_