NA, dan A rappe a finite property of the control of	P	O#:
School- Related Student Trip Request Form SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP		
school: Taylorsville Elementagyyymen	ABER SPONSORING TRIP: M	rs. Morris
☐ Classroom Field Trip 【 Class Trip (whole grade), specify ☐ Organization/ Club: ☐ or	indergarten ther (athletic, band, etc.)	
DESTINATION: Devine's Corn Maze & Pumpkaning	nty 🗆 Overnight:	-Mayo Rd Harrodsburg Ky
2.8	123 TURE TIME: 9 a M RET	URNTIME: 7 pm
heeds) and the life cycle of pure standard.	prins Plants of	# 11.00 to
SOURCE OF FUNDING FOR TRIP: PO STUDENT SHALL BE DENIED THE TR	IP BECAUSE OF INABILITY TO PAY	Tudents per Julen
BILL TRIP EXPE	NSES TO:	
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL	BOARD OTHER:	_}
NUMBER OF STUDENTS: 107 FACULTY SPON TOTAL NUMBER OF PARTICIPATES: 19 + Charles MODE OF TRANSI	examps: # 11.00 p	er Student
IS DISTRICT TRANSPORTATION NEEDED? IN VES, SEE PROCEDI	No.	□ VAN
□PRIVATE VEHICLE, IF ALLOWED BY POMCY; SPECIFY DRIVER(S)		
SUPERVISION: (Attach a list of names of ac		• •
Have all chaperones undergone the required AOC check and be	en designated by the principal/o	designee to supervise
students? YES 🗆 NO		
anna la mana	Q/511	172
Name of Faulty Sponsor		Date
Trip has been: Depproved Disapproved. Reason		ermanna de la companya del companya de la companya della companya
	Ω .	1 / m
- BX VALO	8/2	123
Signature of Superintendent/Designee		Date
For overnight and/or out-of-state trips, approval of the superin	tendent and/or Board may be re	equired by policy 09.36.
The state of the s		
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:	☐ YES ☐ NO
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:	
		nacht de deutsche erste eine eine eine erste der de deutsche der deutsche erste erste eine erste eine erste er
TRANSPORTATION OFFICE USE ONLY: Drivers: 1	2	
VIIVEIS. 1.		· · · · · · · · · · · · · · · · · · ·

Day Trip

to at 1980 t to to the homograph and the state of the sta	PO #:	
School- Related Stude	ent Trip Reguest Form	
SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP		
	7	
SCHOOL: TES FACULTY	MEMBER SPONSORING TRIP: LEXAS PETCY	
Classroom Field Trip 🗆 Class Trip (whole grade), specify	Pacet MSD	
☐ Organization/ Club:		
DESTINATION: JOY JOYS VILLE LOKE A	DDRESS: 1320 Park vola Mt. Eden Ky	
☐ Out of State ☐ Out of County ☐ within C	County	
Qladlas "		
DATE(S) OF TRIP: 9/28/23 DE	PARTURE TIME: 10:00 RETURN TIME: 1:00	
PURPOSE/ EDUCATION VALUE: I Vestigating no	allical vestilings and connecting	
Manure 10 Maye.		
SOURCE OF FUNDING FOR TRIP:	4.	
	TRIP BECAUSE OF INABILITY TO PAY	
	XPENSES TO:	
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNC		
	ONSORS: OTHER CHAPERONES:	
TOTAL NUMBER OF PARTICIPATES:		
Total-	NSPORTATION:	
IS DISTRICT TRANSPORTATION NEEDED? IND STES, SEE	DEEDURE 09.36 AP. 232 BUS VAN	
CERTIFIED COMMON CARRIER; SPECIAL		
□PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIF	Y DRIVER(S)	
Have all chaperones undergone the required AGC checkano	daults accompanying students on trip).	
students? YES NO	been alesignated by the principal/designee to supervise	
Lexas Perry	8/20/23	
Name of Faculty Sponsor	Date	
Trip has been: papproved disapproved. Rea	son:	
1 8/1/1/1/1/	77 2	
Contract of the Contract of th	X (U-Z)	
Signature of Superintendent/Designee	Date	
For overnight and/or out-of-state trips, approval of the supe		
	,	
FIELD TRIP CHARGE Bus Limit: 2 persons per seat		
60.93 per mile		
Regular hourly rate for driver; plus overtime	Meals provided by sponsor: ☐ YES ☐ NO	
f driver's hours exceed 40 per week.	Send copy to lunchroom: YES NO	
Overnight lodging: Single room.	Admission to event provided: YES NO	
Prive time starts 15 minutes before departure and	110	
15 minutes after arrival.	Number of Buses Requested:	
TRANSPORTATION OFFICE USE ONLY:		
Drivers: 12.	3.	

Day Trip

School- Related Student Trip Request Form SUBMIT THIS FORM TWO (2) WEEKS <u>PRIOR</u> TO THE TRI	<u>PO #:</u>
SCHOOL: TES FACULTY MEMBER SPONSORING TRIP:	lesas Perry
☐ Classroom Field Trip ☐ Class Trip (whole grade), specify Pass* and MSD ☐ Organization/ Club: ☐ other (athletic, band, etc.)	classes /
DESTINATION: Galley Forms ADDRESS: ☐ Out of State Gout of County ☐ within County ☐ Overnight:	
DATE(S) OF TRIP: 10/20/23 DEPARTURE TIME: 9:200	RETURN TIME: 2:00
purpose/education value: You'de students with discovery involving science, gross motor and social skells.	oppurtunities
SOURCE OF FUNDING FOR TRIP: SPED NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO	
BILL TRIP EXPENSES TO:	O PAY.
□ SPONSORING ORGANIZATION □ SCHOOL COUNCIL □ SOARD OTHER SPONSORS: □ SCHOOL COUNCIL □ SOARD OTHER SPONSORS: □ SOARD OTHER SPO	
TOTAL NUMBER OF PARTICIPATES: 19	OTHER CHAPERONES:
MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? □NO SCES, SEE VICEOURE 09.36 AP 37 BUS □CERTIFIED COMMON CARRIER; SPECIFIED	□ VAN
□PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)	
SUPERVISION: (Attach edist of names of adults accompanying studen Have all chaperones undergone the required AOC check and been designated by the princ	its on trip).
students? YES NO	Y =
Name of Faculty Sponsor	8/20/23
Trip has been: / Dapproved	vate
8	121/63
Signature of Superintendent/Designee For overnight and/or out-of-state trips, approval of the superintendent and/or Board may	Date be required by policy 09.36.
FIELD TRIP CHARGE Bus Limit: 2 persons per seat	
50:93 per mile	
Regular hourly rate for driver; plus overtime Meals provided by sponso	or: 🗆 YES 🗀 NO
f driver's hours exceed 40 per week. Send copy to lunchroom: Overnight lodging: Single room.	□ YES □ NO
Overnight lodging: Single room. Admission to event provide time starts 15 minutes before departure and	ded: 🗆 YES 🗀 NO 🕖
15 minutes after arrival. Number of Buses Request	radi.
TRANSPORTATION OFFICE USE ONLY:	icu.
Drivers: 133.	

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	PO#:
	lated Student Trip Request Form
SUBMIT THIS F	ORM TWO (2) WEEKS <u>PRIOR</u> TO THE TRIP
school: TES	FACULTY MEMBER SPONSORING TRIP: LEXAS Perry
Classroom Field Trip Class Trip (whole gro	
☐ Organization/ Club:	
DESTINATION: LOUISVILLE Mega Co ☐ Out of State Out of County	wern ADDRESS: 1841 Taylor Ave Louisville, ky
DATE(S) OF TRIP: 11 123	DEPARTURE TIME: 4:30 RETURN TIME: 2:00
PORPOSE/ EDUCATION VALUE.	Satis Products and Scrisory Input
SOURCE OF FUNDING FOR TRIP:	
NO STUDENT SHALL BE	DENIED THE TRIP BECAUSE OF INABILITY TO PAY
	BILL TRIP EXPENSES TO:
accentation.	OOL COUNCIL DECARD OTHER: OPED
NUMBER OF STUDENTS: 13	FACULTY SPONSORS: OTHER CHAPERONES:
TOTAL NUMBER OF PARTICIPATES:	ODE OF MANSPORTATION:
IS DISTRICT TRANSPORTATION NEEDED?	
☐CERTIFIED COMMON CARRIER; SPEG	
☐PRIVATE VEHICLE, IF ALLOWED BY PO	in the state of th
SUPERVISION: (Attach olis	t of names of adults accompanying students on trip).
Have all chaperones undergone the required A	C check and been designated by the principal/designee to supervise
students?	
Lavor Pormi	
LEAUS LEVILY	0/21/23
Name of Faculty Spansor	Date
Trip has been: □approved □disar	pproved. Reason:
	86.1
	0/2/23
Signature of Superint Indent/Designee	Date
For overnight and/or out-ot-state trips, approve	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	Meals provided by sponsor: ☐ YES ☐ NO
If driver's hours exceed 40 per week.	Send copy to lunchroom: YES INO
Overnight lodging: Single room.	Admission to event provided: TYES NO
Drive time starts 15 minutes before departure an 15 minutes after arrival.	
TO HUMBLES BILLE BILLIAGE	Number of Buses Requested:
TRANSPORTATION OFFICE USE ONLY:	-
Drivers: 1 2.	3.

Day Inf

School- Related Student Trip Request Form SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP SCHOOL: TES FACULTY MEMBER SPONSORING TRIP: LEXAS Classroom Field Trip Class Trip (whole grade), specify Poss+, MSD _____ Other (athletic, band, etc.) Organization/ Club: DESTINATION: DONOR ADDRESS: 565 autorsville within County ☐ Out of State ☐ Out of County ☐ Overnight DEPARTURE TIME: 10: RETURN TIME: 12 PURPOSE/ EDUCATION VALUE: MONEY 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 OTHER: 5 NUMBER OF STUDENTS: 13 FACULTY SPONSORS OTHER CHAPERONES: TOTAL NUMBER OF PARTICIPATES: MODE OF TRANSPORT IS DISTRICT TRANSPORTATION NEEDED? IN NO SES, SEE WINCEDURE 09.36 ☐ VAN □ CERTIFIED COMMON CARRIER; SPECIE 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 AQC checkand been designated by the principal/designee to supervise students? □ NO Name of Faculty Sponsor Trip has been: Tapprov ☐ 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 CHARGE 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 funchroom: ☐ YES □ NO Overnight lodging: Single room. □ NO Drive time starts 15 minutes before departure and 15 minutes after arrival. Number of Buses Requested: TRANSPORTATION OFFICE USE ONLY: Drivers: 1.

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	V° 1	
	PO#:	
	dent Trip Request Form	
SUBMIT THIS FORM TWO	O (2) WEEKS <u>PRIOR</u> TO THE TRIP	
SCHOOL: TES FACULT	Y MEMBER SPONSORING TRIP: Lexas Perry	
☑ Classroom Field Trip ☐ Class Trip (whole grade), spec		
☐ Organization/ Club:		
DESTINATION: Defy Trampoline Park		
☐ Out of State ☐ Out of County ☐ within	n County Dernight:	
1/2//22		
DATE(S) OF TRIP: 1/26/23	DEPARTURE TIME:RETURN TIME:	
PURPOSE EDUCATION VALUE: Life skills, Gr	ess motor skills Social Skills	
COLIDEE OF FLINIDING FOR TRID.		
SOURCE OF FUNDING FOR TRIP:	THE TRIP BECAUSE OF INABILITY TO PAY.	
	P EXPENSES TO:	
☐ SPONSORING ORGANIZATION ☐ SCHOOL COU		
an applicable		
TOTAL NUMBER OF PARTICIPATES: 19	SPONSORS: OTHER CHAPERONES:	**************************************
	RANSPORTATION:	
IS DISTRICT TRANSPORTATION NEEDED? IN SIES, SEE		
CERTIFIED COMMON CARRIER; SPECIES	POCEDURE 09.36 AP 312 BUS VAN	
	NEW CONTROLL	_
□PRIVATE VEHICLE, IF ALLOWED BY POLICY: SPE	s of adults accompanying students on trip).	
	and been designated by the principal/designee to supervise	
students? YES 🗆 NO	and been aces greated by the principal/designee to supervise	
Lexas Perny	8/20/23	
Name of Faculty Sponsor	Date	
Trip has been: Dapproved Ddisapproved.	leason:	
	Ch1/23	
	_3/6/16	
Signature of Superintencent/Designee	Date	
For overnight and/or out of-state trips, approval of the su	uperintendent and/or Board may be required by policy 09.36	5.
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 ☐ N	10
If driver's hours exceed 40 per week.	Send copy to lunchroom: ☐ YES ☐ N	
Overnight lodging: Single room.	Admission to event provided: YES N	
Drive time starts 15 minutes before departure and		
15 minutes after arrival.	Number of Buses Requested:	
TRANSPORTATION OFFICE 1975 CARRY		
TRANSPORTATION OFFICE USE ONLY: Drivers: 1. 2.	3.	
Privation 1.	2-	

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	PO #:	
School- Related Student Trip Request Form		
SUBMIT THIS FOR	RM TWO (2) WEEKS <u>PRIOR</u> TO THE TRIP	
	~	
SCHOOL: TES F	FACULTY MEMBER SPONSORING TRIP: LEXAS CONV	
Classroom Field Trip 🗆 Class Trip (whole grade	al specific Prest MSD	
	☐ other (athletic, band, etc.)	
DESTINATION: Claudia Sanders	ADDRESS: 3707 Shelbertile Rd Shelbertil	
	within County Overnight:	
DATE(S) OF TRIP: 2 23 23	DEPARTURE TIME: 10:30 RETURN TIME: 12:30	
PURPOSE/ EDUCATION VALUE: Life & Kill	is, money skills, adaptive skills	
	And the same of th	
SOURCE OF FUNDING FOR TRIP:		
NO STUDENT SHALL BE D	ENIED THE TRIP BECAUSE OF INABILITY TO PAY	
В.	ILL TRIP EXPENSES TO:	
And a second sec	DE COUNCIL DECARD OTHER: SPED	
NUMBER OF STUDENTS: 15 FA	ACULTY SPONSORS: OTHER CHAPERONES:	
TOTAL NUMBER OF PARTICIPATES:		
	DE OF TRANSPORTATION:	
IS DISTRICT TRANSPORTATION NEEDED? ☐NO 5	AES, SEE PROCEDURE 09.36 AP 323 BUS UN	
□CERTIFIED COMMON CARRIER; SPEC	No. 200 M is	
□PRIVATE VEHICLE, IF ALLOWED BY POL	X; SPECIFY DINVER(S)	
The second secon	f names of adults accompanying students on trip).	
	checkand been designated by the principal/designee to supervise	
students? YES 🗆 NO		
Lexas Perry	gleal-s	
· · · · · · · · · · · · · · · · · · ·	8/20/23	
Name of Faculty Sponsor	Date	
Trip has been: □approved □disappr	oved. Réason:	
	0/1/2	
	0/21/3	
Signature of Superintendent/Designee	Date	
	Date of the superintendent and/or Board may be required by policy 09.36.	
To dvering approval of	in the superinternation of board may be required by policy 09.36.	
FIELD TRIP CHARGES Bus Limit: 2 persons per sea	at	
50.93 per mile		
Regular hourly rate for driver; plus overtime	Meals provided by sponsor: ☐ YES ☐ NO	
f 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: 1 2	3.	

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	Po #:	
School- Related Studen	4	
SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP		
SCHOOL: TES FACULTY ME	MBER SPONSORING TRIP: LEKAS Perry	
Classroom Field Trip 🔲 Class Trip (whole grade), specify_	rosst, MOD	
☐ Organization/ Club: ☐	other (athletic, band, etc.)	
V: De-	0525 Louisville	
	KESS: 4000 Page 050119 0	
☐ Out of State ☐ Out of County ☐ within Cou		
DATE(S) OF TRIP: 4/26/73 DEPAPURPOSE/EDUCATION VALUE: Life Skills, gro	RTURE TIME: 9:30 RETURN TIME:	
PURPOSE / FOUNDATION VALUE: 1: Co. Ch. The OPEN	RETURE TIME: 4-50 RETURN TIME:	
PURPOSE/ EDUCATION VALUE: LIFE SIGNS, 910	ss mater skill, social skills	
SOURCE OF FUNDING FOR TRIP:		
NO STUDENT SHALL BE DENIED THE T	RIP BECAUSE OF INABILITY TO PAY	
BILL TRIP EXF		
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL		
NUMBER OF STUDENTS: FACULTY SPO	NSORS: OTHER CHAPERONES:	
TOTAL NUMBER OF PARTICIPATES:		
MODE OF TRAN	At Salar saids	
IS DISTRICT TRANSPORTATION NEEDED? IN STES, SEE MOCE	DURE 09.36 AP. 172 BUS VAN	
☐CERTIFIED COMMON CARRIER; SPECIF	No. The secretary of th	
☐PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY	DINVER(S)	
SUPERVISION: (Attach a list of names of a		
Have all chaperones undergone the required A@C check and b	eep designated by the principal/designee to supervise	
students? DYES NO		
	010.100	
LCXOS ICTO	0/21/23	
Name of Faculty Sponsor	Date	
Trip has been Deposited Property of Proper		
Trip has been: Deproved Disapproved. Reason	n:	
	Of the contract of	
	8/2/1283	
Signature of Superintendent/Designee	Date	
For overnight and/or out-of-state trips, approval of the superi	ntendent and/or Board may be required by policy 09.36.	
	River out	
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.		
Drive time starts 15 minutes before departure and	Admission to event provided: TYES NO	
15 minutes after arrival.	Number of Buses Requested:	
180	Addition of the second of the	
TRANSPORTATION OFFICE USE ONLY:		
Drivers: 12.	3.	