

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

PO #:

SCHOOL: TES FACULTY MEMBER SPONSORING TRIP: Kidwell
☒ Classroom Field Trip ☐ Class Trip (whole grade), specify 4925 Outer Loop, KY 40219
☐ Organization/ Club: ☐ other (athletic, band, etc.)
DESTINATION: Derby Dinner Playhouse and Chick fil A ADDRESS: 525 Marriott Dr. Clarksville, IN 471
☒ Out of State ☐ Out of County ☐ within County ☐ Overnight:

DATE(S) OF TRIP: Nov. 28th DEPARTURE TIME: 8:50-9:00 RETURN TIME: 2:00
PURPOSE/ EDUCATION VALUE: To expose students to a play and how the play compares/contrasts to the book

SOURCE OF FUNDING FOR TRIP: Parents \$6.00 for play \$6.00 for chick fil A
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF INABILITY TO PAY. \$16.00 total per student

BILL TRIP EXPENSES TO:
☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER:
NUMBER OF STUDENTS: 80 FACULTY SPONSORS: 6 OTHER CHAPERONES: 40
TOTAL NUMBER OF PARTICIPATES: 126

MODE OF TRANSPORTATION:
IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES, SEE PROCEDURE 09.36 AP.3.12 ☐ 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

Jenny Kidwell
Name of Faculty Sponsor

8-17-23
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. _____