

DRAFT 10/18/2023

STUDENTS

09.36 AP.21

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Request for Special Bus UseExtended Trip Request & Forms

(In excess of 150 Miles, Overnight, Out-of-State or use by Common Carrier)

This form must be completed and sent to the Superintendent in time to be placed on the agenda of the Powell County Board of Education prior to the planned trip date. Safety and liability issues, as well as the availability of substitute teachers (where applicable) are all areas of Board responsibility.

ALL ITEMS MUST BE COMPLETED FOR TRIP TO BE CONSIDERED.

SCHOOL _____

ORGANIZATION OR GROUP _____

DATE(S) OF TRIP (Including Travel) _____

SPONSOR'S NAME _____

MALE CHAPERONES _____ FEMALE CHAPERONES _____

LOCATION(S): _____

CITY/STATE: _____

Estimated # OF STUDENTS ELIGIBLE FOR TRIP _____

Male _____ Female _____

Estimated # OF STUDENTS PARTICIPATING _____

Male _____ Female _____

OF SCHOOL DAYS INVOLVED _____

- ☐ For out of state trips, please check here if medical assistance from a licensed medical professional is required for any students on trip. School nurse **MUST** be notified of trip.

TRANSPORTATION PROVISIONS:

- ☐ Powell County Public School bus
- ☐ Commercial Travel; Insurance Coverage Provided by Travel Firm: _____
Why is a Commercial Carrier being used in lieu of a Powell County School Bus? _____
- ☐ Private Travel (Review 09.36 AP.2: Restrictions, parent notification, driver notification.)
➤ Parent Transport – WAIVER REQUESTS ATTACHED (Note: District Transportation Must Be Offered)
- ☐ Rental Vehicle – Type of vehicle _____, Rental Company _____

Request for Special Bus Use Extended Trip Request & Forms**COST OF TRIP**Estimated Total Cost of Trip

\$ _____

Meals/Lodging/Transportation _____

Name of Facility and City for Lodging _____

\$ _____

Additional Expenses (Specify) _____

\$ _____

****TOTAL COST**How Expenses of Trip Are to Be Paid

\$ _____

School or District Amount From _____ Source

\$ _____

Association or Parent Group (Specify) _____

\$ _____

Student's Share (Individual Amount \$ _____)

Provisions must be made for students who are unable to pay their share for any trip made during the instructional day.**Terms of the student fee waiver policy apply to all trips that are scheduled within the instructional day.**

\$ _____

****TOTAL PAYMENT MUST MATCH TOTAL COST ABOVE******PLEASE CHECK TO INDICATE THE FOLLOWING ITEMS HAVE BEEN ADDRESSED:**

Field Trip Policy & Procedures & Forms Have Been Reviewed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List of Students Participating Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cost of Trip Completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complete Itinerary of the Trip Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Educational Plan for the Trip Attached (if instructional in nature)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PRIOR to trip, sponsor will ensure completion

☐ All Chaperones are on the Approved Volunteer List & Approved by Principal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
☐ List of Chaperones completed (Mark whether teacher, parent, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
☐ Field Trip Policy & Procedures have been reviewed by all chaperones on trip	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Per Kentucky regulations, all trip forms/signatures shall be retained at school for five (5) years.

I accept the responsibility of seeing that the above event is represented accurately and shall be carried out in accordance with Board Policies, Administrative Procedures, and any applicable school council policies.

*Signature: Trip Sponsor*_____
*Date*_____
*Signature: Principal Approval*_____
Date

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ADULT SPONSOR/CHAPERONE ACKNOWLEDGEMENT FORM

**POWELL COUNTY SCHOOL DISTRICT
EXTENDED/OVERNIGHT FIELD TRIPS**

DATE: _____

TRIP: _____

SCHOOL and GROUP: _____

SUPERVISING STAFF MEMBER: _____

I, _____, hereby provide that I will be sponsoring/chaperoning a Powell County School trip. I understand that all Powell County Board of Education Policies and Procedures will be applicable on this trip and my strict adherence is necessary as I will be held responsible for violation of any and all policies and procedures regulating by sponsorship, chaperoning and/or conduct. I acknowledge that I am aware of all Powell County field trip policies and procedures for chaperone expectations related to student trips.

Further, it is my understanding the Powell County School District code of conduct shall always be applicable on school trips, and I will uphold the code of conduct as I would be expected to do on school property.

I acknowledge that no verbal waiver will release me from my obligations to abide and adhere to both the Powell County Board of Education Policies and Procedures or the Powell County School District code of conduct and that I may be held responsible for violations of either directive as if such occurred on school property.

Check All That Apply

- ☐ 25 or Older on Date of Trip ☐ Powell Schools Employee ☐ Parent/Legal Guardian of Student ☐ On the Current Powell Co. Volunteer Approved List
- ☐ Understand school/health information related to students is confidential.

Chaperone Name (Print)

Chaperone (Signature)

Keep all applicable forms and signatures related to trip on file at school for five (5) years.

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SUBMIT THIS FORM THIRTY (30) WORKING DAYS PRIOR TO THE TRIP.

SCHOOL/GROUP/CLASS making request: _____ **DATE OF REQUEST** _____

NUMBER OF STUDENTS _____ **NUMBER OF FACULTY** _____ **DATE OF TRIP** _____

DESTINATION OF TRIP _____ **MEAL PROVIDED FOR DRIVER** ☐ Yes ☐ No

ADDITIONAL REQUESTED STOPS _____

DEPARTURE PLACE AND TIME _____ **APPROX. RETURN TIME** _____

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TITLE OR POSITION
TITLE OR POSITION
TITLE OR POSITION

Have All Chaperones Undergone the Required Records Check ☐ YES ☐ NO

~~(Primary and Secondary Route Directions Must be Included. Exit Drills Must be Performed Prior to Trip.)~~

Signature
