

**School-Related Student Trip/Vehicle Request Form**

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL G.C.L.E FACULTY MEMBER(S) SPONSORING TRIP Tammy Walters☒ Classroom Field Trip ☐ Class Trip, specify \_\_\_\_\_  
☐ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable)Destination Union Terminal Address 1301 Western Ave Phone \_\_\_\_\_☒ Out of State ☐ Out of County ☐ Within County CMR, OH  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_Date of Request 2/20/23 Date of Trip 4/28/23 Person Requesting Tammy WaltersDeparture Time 7:55 am Return Time 2:00 p.m. Number of Riders 105 Number of Chaperones 5 per class  
+ 31 Adults 25 total  
+ 6 teachers  
31**ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP**Faculty Sponsor Tammy Walters  
(Certified Person Responsible for Student)Principal Megan Morris SBDM Chair Megan MorrisCharged to/Source of Funding Grant/parents/activity fund Have all chaperones been approved? ☒ Yes ☐ NoMeals Required: ☒ Sack Lunch ☐ Fast Food ☐ Other \_\_\_\_\_List Special Equipment To Be Transported—Items Which Cannot Be Held In Lap.  
XNumber Of Buses Requested 3 Regular Bus 3 Special Needs Bus 0 Van 0**Ratio of Students to Adults**High School 20 to 1  
Middle School 10 to 1  
Elementary 5 to 1

\*For daily trips, a simple way to estimate cost is \$1/mile and \$20/hour, per bus.

**This section to be completed by Transportation/Central Office.**Trip Calculation Bus 2.00  
X \$1.00 = \$ \_\_\_\_\_ Mileage Bill to: \_\_\_\_\_

Total Miles

Avg. OT Rate = \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_ Driver Rate  
Total# of Buses Approved: \_\_\_\_\_ Approval of Transportation Director: Shelly Fugate Date \_\_\_\_\_Acceptance by Driver: Kim Loudon, Alexis Cole, Ed Wilson Date 3-23-23**For overnight and/or out-of-state trips, approval of the Superintendent and Board is required.**

Superintendent

Date

Board Chairperson

Date

**RELATED PROCEDURES:**

09.36 AP.211, 09.36 AP.23

Review/Revised: 6/22/09