

School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL Gallatin Co. High School FACULTY MEMBER(S) SPONSORING TRIP Angela Bledsoe
Brandi Borgemenke

☐ Classroom Field Trip ☐ Class Trip, specify _____

☐ Organization/Club Trip, specify _____ ☒ Other (athletic, band, if applicable)

Destination Sevierville, TN Address 202 Gists Creek Rd Phone _____

☒ Out of State ☐ Out of County ☐ Within County

☐ Overnight; give name, address, phone of lodging _____

Date of Request 9/10/18 Date of Trip 11/30-12/2 Person Requesting Angela Bledsoe + Brandi Borgemenke

Departure Time 11:30-12:00pm Return Time 12:12-12:00pm Number of Riders _____ Number of Chaperones _____

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP

Faculty Sponsor Angela Bledsoe + Brandi Borgemenke
 (Certified Person Responsible for Student)

Principal _____ SBDM Chair _____

Charged to/Source of Funding _____ Have all chaperones been approved? ☐ Yes ☐ No

Meals Required: ☐ Sack Lunch ☐ Fast Food ☐ Other _____

List Special Equipment To Be Transported—Items Which Cannot Be Held In Lap.

Number Of Buses Requested _____ Regular Bus _____ Special Needs Bus _____ Van _____

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 _____ X \$1.00 = \$ _____ Mileage _____ Bill to: _____

Total Miles _____

Avg. OT Rate = \$ _____ X _____ = \$ _____ Driver Rate _____

\$ _____ Total _____

of Buses Approved: _____ Approval of Transportation Director: _____ Date _____

Acceptance by Driver: _____ Date _____

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