# STUDENTS 09.36 AP.21

School‑Related Student Trip/Vehicle Request Form

Submit this form two weeks prior to the trip.

School \_\_GCHS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Member(s) sponsoring trip \_Jon Jones\_\_\_\_\_\_\_\_\_\_\_

🞏 Classroom Field Trip 🞏 Class Trip, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

xx🞏 Organization/Club Trip, specify \_\_boys and girls basketball/athletic 🞏 Other (athletic, band, if applicable)

Destination \_\_Gatlinburg, TN\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_

🞏 Out of State 🞏 Out of County 🞏 Within County

🞏 Overnight; give name, address, phone of lodging \_\_\_\_\_\_\_same place as last year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Request \_\_10/18/18\_\_\_\_\_\_\_ Date of Trip \_12/19 thru12/22/18\_\_\_\_\_\_\_\_ Person Requesting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departure Time \_\_\_\_\_\_\_ Return Time \_\_\_\_\_\_\_ Number of Riders \_\_\_\_\_\_ Number of Chaperones \_\_\_\_\_\_on Jones

Attach List of Names of Adults/Students on Trip

**Faculty Sponsor \_\_\_Jon Jones, Vance Sullivan, Randy Dunavent, Brad Stepenson, Randy Mefford, Brenda Alexander, Carla Brown\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Certified Person Responsible for Student)

**Principal \_\_\_\_Jon Jones\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SBDM Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Charged to/Source of Funding \_\_\_\_\_\_\_\_\_\_\_\_ Have all chaperones been approved? 🞏 Yes 🞏 No

Meals Required: 🞏 Sack Lunch 🞏 Fast Food 🞏 Other \_\_\_\_\_none\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Of Buses Requested \_\_\_0\_\_\_\_\_\_\_ 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

 \_\_\_\_\_\_\_\_ X \_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver Rate

Avg. OT 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