

Per Mr. Hammond
Share w/Board

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 Katie Howell

☒ Classroom Field Trip ☐ Class Trip, specify Science 2 - 10th Grade
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

Destination Red River Gorge Nat. Bridge Address _____ Phone _____

☐ Out of State ☒ Out of County ☐ Within County

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

Date of Request 2/14 Date of Trip 5/7 ← New date Person Requesting Katie Howell

Departure Time 8am Return Time 7pm Number of Riders 55 Number of Chaperones 3

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP

Faculty Sponsor Katie Howell
(Certified Person Responsible for Student)

Adults
Katie Howell
Jacob Cheeseman
Morgan McClure

Principal _____ SBDM Chair _____

Charged to/Source of Funding Science SBDM 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.

Coolers for drinks + food

Number Of Buses Requested 1 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