

School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL Gallatin County High School FACULTY MEMBER(S) SPONSORING TRIP Scott Reed
☐ Classroom Field Trip ☐ Class Trip, specify _____
☒ Organization/Club Trip, specify GCHS Band/Choir ☐ Other (athletic, band, if applicable)
Destination Orlando, FL Address _____ Phone _____
☒ Out of State ☐ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging not yet determined but probably Galleria Palms
Date of Request 4/15/19 Date of Trip June 2020 Person Requesting Scott ReedDeparture Time TBA Return Time TBA Number of Riders 50 Number of Chaperones 5 (TBD)**ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP**
 Faculty Sponsor Scott Reed - David Holland
 (Certified Person Responsible for Student)

Principal _____ SBDM Chair _____

Charged to/Source of Funding _____ 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.

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

_____ 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