# STUDENTS 09.36 AP.21

School‑Related Student Trip/Vehicle Request Form

Submit this form two weeks prior to the trip.

School iLEAD Acadmy Faculty Member(s) sponsoring trip ­ Jenna Gray

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

**X** Organization/Club Trip, specify TSA State Conference 🞏 Other (athletic, band, if applicable)

Destination Crowne Plaza Hotel Address Louisville, KY Phone 502-367-2251

🞏 Out of State 🞏 Out of County 🞏 Within County

**X** Overnight; give name, address, phone of lodging Crowne Plaza Hotel, Louisville, KY 502-367-2251

Date of Request 03/19/2019 Date of Trip 04/22-04/24/2019 Person Requesting Jenna Gray

Departure Time 4/22/2019 Return Time 4/24/2019 Number of Riders 6 Gallatin County Students - Total of 67 iLEAD Students Number of Chaperones 3

Attach List of Names of Adults/Students on Trip

**Faculty Sponsor** \_\_\_Jenna Gray\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Certified Person Responsible for Student)

**Principal \_\_\_**Ms. Larisa McKinney**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SBDM Chair \_\_\_N/A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Charged to/Source of Funding \_iLEAD Budget/Student Funded Have all chaperones been approved? X Yes 🞏 No

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

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

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

Number Of Buses Requested \_\_\_\_0\_\_\_\_\_\_ Regular Bus\_\_\_\_\_ Special Needs Bus\_\_\_\_\_ Van \_\_\_\_

**TRANSPORTATION PROVIDED BY CARROLL COUNTY**

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