

School-Related Student Trip/Vehicle Request FormSUBMIT THIS FORM **TWO** WEEKS PRIOR TO THE TRIP.

SCHOOL GCHS FACULTY MEMBER(S) SPONSORING TRIP Webster, L & S
☐ Classroom Field Trip ☐ Class Trip, specify Senior Class: Transition Ready End of Year Trip
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)
 Destination Kings Island Address 6300 Kings Island Dr, Phone _____
Mason, OH 45040
☒ Out of State ☐ Out of County ☐ Within County
☐ Overnight; give name, address, phone of lodging _____

Date of Request 4/16 Date of Trip 5/15 Person Requesting Webster, Leah & Sarah
 Departure Time 9am Return Time 9pm Number of Riders 40 Number of Chaperones 3

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP

Faculty Sponsor Leah Webster & Sarah Webster
 (Certified Person Responsible for Student)

Principal Jon Jones SBDM Chair _____
 Charged to/Source of Funding Senior Class 2019 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 1 Regular Bus 1 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 63 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