

School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL GCHS FACULTY MEMBER(S) SPONSORING TRIP Darnell☐ Classroom Field Trip ☐ Class Trip, specify _____☒ Organization/Club Trip, specify FFA ☐ Other (athletic, band, if applicable)Destination Indianapolis, IN Address 500 S Capitol Ave Phone 317.262.8600☐ Out of State ☐ Out of County ☐ Within County Indianapolis, IN☒ Overnight; give name, address, phone of lodging Hampton Inn Indianapolis - South
7045 McFarland Blvd, Indianapolis, IN 46237 (317) 889-0722Date of Request 9-6-19 Date of Trip 10-30-19 Person Requesting DarnellDeparture Time 8:00am Return Time 4:00pm Number of Riders 6 Number of Chaperones 1**ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP** TBDFaculty Sponsor Darnell
(Certified Person Responsible for Student)Principal [Signature] SBDM Chair _____Charged to/Source of Funding 203 FFA Have all chaperones been approved? ☒ Yes ☐ NoMeals Required: ☐ Sack Lunch ☐ Fast Food ☒ Other N/A

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

SuitcasesNumber Of Buses Requested _____ Regular Bus _____ Special Needs Bus _____ Van 1**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