

School-Related Student Trip Request Forms**Complete this form for Out-of-State trips or trips using Alternative Transportation.**

Name of Activity/Sport: Boys Middle School Basketball Team
 Coach/Sponsor: Ray Daniels
 Location of Activity: Nicholas County
 Dates of Activity: November 15th 16th 17th
 Number of Students: 45
 Number of Chaperones: 10
 Mode of Transportation: ☒ School Bus ☐ Commercial Bus*
☐ Other (please specify) _____

*If Commercial: Required Liability Insurance Certificate must be provided once details confirmed.

Approx. **Cost for transportation if commercial:** _____**No personal/parental transportation allowed.**

Name of Lodging: Best Western in Paris
 Address: 2011 Alverson Dr Paris Ky
 Phone: 859-987-0779
 Approx. Cost per student: Zero

Emergency Contact for Coaches/Sponsors	Emergency Contact Phone Number
<u>Ray Daniels</u>	<u>859-326-0016</u>
<u>Scott Elder</u>	<u>859-613-1020</u>
<u>Myron Ellis</u>	<u>859-265-0736</u>

List Events Students will attend and dates: Basketball Games November 16thList approx. cost of individual events (if applicable): N/AFund Raising Activities needed? ☐ Yes ☒ No

If yes, provide overview of details. _____

Explain what provisions will be made for pupils who need financial assistance:
 _____**Total individual cost per student:** Zero

(Continue on next page)

School-Related Student Trip Request Forms**Complete this form for In-State trips.**

SCHOOL King Middle DATE SUBMITTED _____
 TEACHER Cosch Ray Daniels GRADE 6th 7th 8th
 DATE OF TRIP November 15th 16th NUMBER OF STUDENTS TRANSPORTED 45
 NUMBER OF CHAPERONES/ADULTS TRANSPORTED 10 NUMBER OF BUSES REQUESTED 1
 DESTINATION Best Western in Paris
 LOCATION 2011 Alverson Dr CITY Paris STATE Ky
 ESTIMATED ROUND TRIP MILEAGE 200 TRIP PAID BY Boosters
 DEPARTURE TIME Nov. 15th 6:00pm *RETURN TIME Nov. 16th 8:00pm
 VOLUNTEER/UNPAID BUS DRIVER REQUESTED _____
 OTHER INFORMATION _____
 LEARNING EXPERIENCE OBJECTIVE Team Building Basketball Tournament
 PLAN OF ACTION Basketball
 SUGGESTED ACTIVITIES Basketball

EVALUATION DATE _____

*TIME SHALL BE BASED ON A MAXIMUM OF 47 MPH

EXPENSES:

DRIVER: \$7.50/HOUR

MILEAGE: 1.10/MILE

SBDM APPROVAL _____

DATE _____ PRINCIPAL'S SIGNATURE _____

CENTRAL OFFICE INFORMATION

DRIVER(S) ASSIGNED _____

OTHER INFORMATION _____

TRANSPORTATION DIRECTOR _____

=====

FOOD SERVICE INFORMATION

TEACHER(S) _____

DATE OF TRIP _____ INTERESTED IN BOX LUNCHES ____ YES ____ NO

RAIN PLANS _____

RAIN DATE _____

Vehicle Request Form and Trip Time SheetSCHOOL King Middle FACULTY MEMBER(S) SPONSORING TRIP Coach Daniels

DATE TRIP WAS APPROVED _____ BY WHOM _____

DESTINATION Best Western Park ADDRESS 2011 Alverson Dr. PHONE _____☐ Out-of-State ☐ Out-of-County ☐ Within County☒ Overnight; give name, address, phone # of lodging _____DATE(S) OF TRIP November 15th / 16th DEPARTURE TIME 6:00 pm Friday RETURN TIME 8:00 pm SaturdayNUMBER OF STUDENTS 45 FACULTY SPONSORS 10 CHAPERONES 12 TOTAL # OF PARTICIPANTS 55

THE SPONSORING GROUP IS RESPONSIBLE FOR ALL TRANSPORTATION COSTS ASSOCIATED WITH THE TRIP, INCLUDING THE DRIVER'S SALARY, PLUS ANY APPLICABLE OVERTIME WAGES AND DEDUCTIONS REQUIRED BY LAW. CHARGE TRIP EXPENSES TO:

☐ Sponsoring organization ☐ School council ☐ Board/District☒ Other, specify Boys Basketball Boosters

MODE OF TRANSPORTATION (CHECK ONE):

☒ District-owned school bus; number needed _____☐ District-owned vehicle, other than bus; specify _____☐ Certificated common carrier; specify _____☐ Private vehicle, if allowed by policy; specify driver(s) _____☐ Check here if luggage, equipment, projects, etc., will be transported. Specify _____[Signature]
Faculty Sponsor's Signature9-6-19
Date

Bus Number(s) _____

Driver(s) Name(s) _____

Estimated Expenses: Driver(s) \$ _____ Fuel \$ _____ Mileage \$ _____

Meals, if applicable \$ _____ Lodging, if applicable \$ _____

Actual Expenses Driver (s) \$ _____ Fuel \$ _____ Mileage \$ _____

Meals, if applicable \$ _____ Lodging, if applicable \$ _____

Driving Time _____ Layover Time _____ Actual Miles _____

Transportation Supervisor's Signature_____
Date

Vehicle Request Form and Trip Time Sheet

NAME OF DRIVER Myron Ellis BUS NUMBER _____
 DATE OF TRIP November 15th + 16th
 SCHOOL King Middle
 DESTINATION Best Western in Paris DEPARTMENT Athletics

Pre-Trip Inspection Time	Fueling Time	*Departure Time	*Return Time	Bus Cleaning Time	*Related Duties Time	Total Hours

COMMENTS/RELATED INFORMATION

Return Mileage _____
 Departure mileage _____
 Total mileage _____
 (1.10 X PERMILE)
 Total driving time _____
 (Hours X \$7.50/hour)
 Total amount due driver _____
 (Hours X \$7.50/hour)
 Total Additional Expenses _____
 Total mileage cost due _____
 Total amount due

Trip Canceled Without 24 Hour Notice

1 Hour @ \$750 _____
 1 Hour @ Driver Salary _____
 Total _____

Driver Expenses

Meals _____
 Fuel _____
 Accommodations _____
 Other _____
 Total _____

Driver's signature _____

Approved for payment by sponsoring teacher/designee _____

Approved for payment by Transportation Director _____

*Drivers are to be paid on-half hour before and one-half hour after the scheduled departure and return time for inspections, fueling and cleaning.

*Related duty hours must be initialed by sponsoring teachers, Transportation Manager of Transportation Director.

RELATED PROCEDURES:

09.36 AP.21
 09.36 AP.211
 09.36 AP.23

Review/Revised:9/11/02

School-Related Student Trip Evaluation Form

SUBMIT THIS FORM TO THE PRINCIPAL WITHIN ONE (1) WEEK AFTER THE TRIP.

FACULTY MEMBER(S) SPONSORING TRIP Coch Rsy Daniels

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class (i.e., junior, senior) Trip, specify _____
- ☐ Organization/Club Trip, specify _____ ☒ Other (athletic, band, if applicable) _____

DESTINATION Best Western Paris Inn DATE(S) OF TRIP November 15th 16th

NUMBER OF STUDENTS _____ FACULTY SPONSORS _____ AND OTHER CHAPERONES _____ TOTAL _____

PURPOSE/EDUCATIONAL VALUE To Build Team Bonding for are
6th, 7th, 8th Grade Teams

HOW DID THIS DESTINATION MEET THE EDUCATIONAL OBJECTIVES? _____

Basketball Tournament

WHAT FOLLOW-UP ACTIVITIES DID YOU DIRECT IN THE CLASSROOM TO REINFORCE THE STUDENTS' FIELD TRIP EXPERIENCE?

WAS PUPIL BEHAVIOR OR SAFETY A PROBLEM ON THE TRIP? _____

WOULD YOU RECOMMEND THIS DESTINATION TO A COLLEAGUE OR REPEAT THE EXPERIENCE YOURSELF? _____

IF DISTRICT-PROVIDED TRANSPORTATION WAS USED,

DID THE DRIVER ARRIVE AT THE DESIGNATED TIME? ☐ YES ☐ NOWAS THE DRIVER COURTEOUS AND POLITE? ☐ YES ☐ NODID THE DRIVER OPERATE THE VEHICLE IN A SAFE AND PROFESSIONAL MANNER? ☐ YES ☐ NOWAS THE BUS CLEAN AT THE ONSET OF THE TRIP? ☐ YES ☐ NO

ON A SCALE OF 1 - 10, WITH 10 BEING THE HIGHEST, HOW WOULD YOU RATE THIS EDUCATIONAL EXPERIENCE?

1 2 3 4 5 6 7 8 9 10

Sponsor's Signature_____
Date

Review/Revised: 5/13/97