

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

SCHOOL Gallatin Co. High School FACULTY MEMBER(S) SPONSORING TRIP Angela Bledsoe
Brandi Borgemenke

☐ Classroom Field Trip ☐ Class Trip, specify _____
☐ Organization/Club Trip, specify _____ ☒ Other (athletic) band, if applicable)

Destination Centerville High School Address 500 East Franklin St. Phone _____
Centerville, OH 45459

☒ Out of State ☐ Out of County ☐ Within County
☐ Overnight; give name, address, phone of lodging _____

Date of Request 10/3/19 Date of Trip 10/27/19 Person Requesting Angela Bledsoe & Brandi Borgemenke
 Departure Time _____ Return Time _____ Number of Riders _____ Number of Chaperones _____

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP

Faculty Sponsor Angela Bledsoe & Brandi Borgemenke
 (Certified Person Responsible for Student)

Principal [Signature] SBDM Chair [Signature]
 Charged to/Source of Funding HS Cheerleaders Act. 128 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 0 Regular Bus 0 Special Needs Bus 0 Van 0

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