

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 KY Expo Center Address 937 Phillips Ln Phone (502) 367-5000

Out of State Out of County Within County Louisville, KY 40209

Overnight; give name, address, phone of lodging _____

Date of Request 1-15-2020 Date of Trip 2-14-2020 Person Requesting Darnell

Departure Time 8:15a Return Time 2:00p Number of Riders 40 Number of Chaperones 2

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP

Faculty Sponsor Darnell
(Certified Person Responsible for Student)

Principal _____ SBDM Chair _____

Charged to/Source of Funding 203 FFA Have all chaperones been approved? Yes No

Meals Required: Sack Lunch Fast Food Other N/A

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

N/A

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 _____ 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