

School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL Gallatin County Middle School FACULTY MEMBER(S) SPONSORING TRIP William Fischer

☐ Classroom Field Trip ☐ Class Trip, specify _____

☒ Organization/Club Trip, specify Kona ☐ Other (athletic, band, if applicable)

Destination Crowne Plaza Address 830 Phillips Ln Phone 502-367-2281
Louisville, KY

☐ Out of State ☒ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging Crowne Plaza 830 Phillips Ln.
Louisville, KY 40209

Date of Request 1-30-20 Date of Trip 3/22-3/24 Person Requesting William Fischer

Departure Time 6AM Return Time 12PM Number of Riders 312 Number of Chaperones 2

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP

Faculty Sponsor William Fischer
(Certified Person Responsible for Student)

Principal [Signature] SBDM Chair _____

Charged to/Source of Funding _____ Have all chaperones been approved? ☒ Yes ☐ No

Meals Required: ☐ Sack Lunch ☐ Fast Food ☒ Other Kona Providing

List Special Equipment To Be Transported—Items Which Cannot Be Held In Lap.
None

Number 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