School-Related Student Trip/VehicleRequest Form

		SUBMIT THIS FORI	M TWO WEEKS PRIOF	R TO THE TRIP.	
-	SCHOOL FACULTY MEMBER(S) SPONSORING TRIP				
		OL . FL.	016		15-K-10-1-1
	☐ Classroom Field Trip Class Trip, specify				
		. 11 \\	•		
	Destination	Address - 4\0	Phon In addukt	. 0	
	(ut of County	Within Coun	6/011-11 5-1	
	Date of Request 2.95) Date of Trip 4-22 Person Requesting Kana Maxwell				
	Departure Time 8:00 Return Time Number of Riders 55 Number of Chaperones \S ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP Faculty				
	Sponsor (Certified Person Responsible for Student)				
	Principal BDM Chair 3/2/2020				
	Charged to/Source of Funding	<u>Ø</u>	Have all cha	perones been approved?	Yes No
	Meals Required: No Sa	ek Lunch	Fast Food	Other	
	List Special Equipment To Bo	Transported—lte	ms Which Cannot	t Be Held In Lap.	
	Number Of Buses Requested	Re	gular Bus	Special Needs Bus	Van
in c	2020/1	Ratio of Str	dents to Adults	,	
15 a	40145	High School 20 10 to 1	to 1 Middle Scho	ool	
		Elementary	5 to 1		
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