

GARRARD COUNTY BOARD OF EDUCATION
Request for Educational and Extra-Curricular Trip
(To be submitted 30 days prior to scheduled trip)

School Garrard County High School Department or Grade Boys Basketball

Date of request 5/3/2021 Requested By Brandon Cooper

Name of Certified person accompanying students Brandon Cooper

Is an Administrator or Supervisor accompanying this group? Yes No Name: _____

Two-way communications (phone or radio) must be available between this group and a district administrator or supervisor. Before leaving your school campus for a trip of less than 50 miles, you must validate that a radio (normally bus driver will have radio) is available. For trips of 50 or more miles, you must secure a phone from the Central Office prior to leaving school grounds. Additional radios are also available at the Central Office.

Is two way communication available? Yes No

Purpose of trip (09.36 AP.) – attach sheet

Expect benefits of trip (09.36 AP.1) –attach sheet in reference to #2 and submit with this form – Evaluation after trip per (09.36 AP.1)

Date of Trip Dec 20th - 22nd Destination Gatlinburg (Smoky Mountain Classic)

Is a bus needed yes Is a driver needed yes Driver paid by Board of Education (added to regular check)

Time of return unknown at this time Board to be reimbursed? Yes No By whom _____

If your recorded time of return cannot be met, you should notify an Administrator as soon as you become aware of that fact.

Principal's approval MAH Board approval _____ Superintendent's approval _____

Two lists of all persons on a bus will be prepared. One list will be submitted to all school office and the other will be given to the driver of the bus. Written approval for all students is in the possession of the Principal except as stated in 09.36 AP.2 and 09.36 AP.3.

____ Approved as submitted
____ Disapproved for the following reason _____

Name of driver _____ Bus number _____

Departure mileage _____ Start Drive Time: From _____ to _____

Return Mileage _____ Wait Time: From _____ to _____

Total miles traveled _____ Return Drive Time: From _____ to _____

*Number of Students Transported _____ TOTAL DRIVE TIME _____ HOURS

*Number of Adults Transported _____ TOTAL WAIT TIME _____ HOURS

Approved for payment by _____

Driver's signature _____