

School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL GCHS FACULTY MEMBER(S) SPONSORING TRIP McClellen

☐ Classroom Field Trip ☐ Class Trip, specify _____

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

Destination National FFA Convention Address 100 S Capitol Ave Phone (317) 262-3400

☒ Out of State ☐ Out of County ☐ Within County Indianapolis, IN 46225

☒ Overnight; give name, address, phone of lodging waiting to be approved to book hotel
will get this info over as soon as I have it if we are approved.

Date of Request 8-16-21 Date of Trip 10-27-21 thru 10-29-21 Person Requesting Brooke McClellen

Departure Time 8:00am Return Time 5:00pm Number of Riders 6 Number of Chaperones 1

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP

Faculty Sponsor Brooke McClellen
 (Certified Person Responsible for Student)

Principal [Signature] SBDM Chair [Signature]

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.
Luggage

Number Of Buses Requested 1 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 |
| | Total Miles | | Bill to: _____ |
| | _____ | X _____ = \$ _____ | Driver Rate |
| Avg. OT Rate = \$ _____ | | \$ _____ | Total |
| # of Buses Approved: _____ | Approval of Transportation Director: _____ | | Date _____ |
| Acceptance by Driver: _____ | | Date _____ | |
| <u>For overnight and/or out-of-state trips, approval of the Superintendent and Board is required.</u> | | | |
| Superintendent | Date _____ | Board Chairperson | Date _____ |

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23

Review/Revised:6/22/09

School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL GCHS FACULTY MEMBER(S) SPONSORING TRIP McClellen
☐ Classroom Field Trip ☐ Class Trip, specify _____
☒ Organization/Club Trip, specify FFA ☐ Other (athletic, band, if applicable) _____
 Destination GCHS Grant Co High Address 715 Warsaw Rd Phone (859) 824-9739
☐ Out of State ☒ Out of County ☐ Within County Dry Ridge, KY 41035
☐ Overnight; give name, address, phone of lodging _____

Date of Request 8-16-21 Date of Trip 9-25-21 Person Requesting Brooke McClellen
 Departure Time 8:00am Return Time 3:00pm Number of Riders 18 Number of Chaperones 1

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP

Faculty Sponsor Brooke McClellen
 (Certified Person Responsible for Student)
 Principal Angela Lewis SBDM Chair Amy Henag
 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

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|---------------|---------|
| High School | 20 to 1 |
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*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