

Needs Board approval

STUDENTS

09.36 AP.21

School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL Gallatin Co. High School FACULTY MEMBER(S) SPONSORING TRIP Angela Bledsoe & Brooke Hill

☐ Classroom Field Trip ☐ Class Trip, specify _____
☐ Organization/Club Trip, specify _____ ☒ Other (athletic) band, if applicable)

Destination Orlando, FL Address _____ Phone _____

☒ Out of State ☐ Out of County ☐ Within County

☐ Overnight; give name, address, phone of lodging _____

Date of Request 11/22/21 Date of Trip 2/9/22-2/13/22 Person Requesting Angela Bledsoe & Brooke Hill

Departure Time 3pm Return Time 6pm Number of Riders _____ Number of Chaperones 15+

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP

Faculty Sponsor Angela Bledsoe & Brooke Hill

(Certified Person Responsible for Student)

Principal Angela Lewis Angela Lewis Angela Lewis

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

Meals Required: ☐ Snack Lunch ☐ Fast Food ☐ Other _____

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

Number Of Buses Requested 0 Regular Bus 0 Special Needs Bus 0 Van 0

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