

STUDENTS

09.36 AP.21

School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL GCHS FACULTY MEMBER(S) SPONSORING TRIP Becky Watkins Rachel Riddle
☐ Classroom Field Trip ☒ Class Trip, specify Senior Class Trip ☐ Other (athletic, band, if applicable)
☒ Organization/Club Trip, specify Senior Class Trip ☐ Other (athletic, band, if applicable)
Destination Chicago Address _____ Phone _____
☒ Out of State ☐ Out of County ☐ Within County
☐ Overnight; give name, address, phone of lodging _____

Date of Request 2/7/21 Date of Trip May 5-7 Person Requesting Rachel Riddle Becky Watkins
Departure Time TBD Return Time TBD Number of Riders TBD Number of Chaperones TBD

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP

Faculty Sponsor Becky Watkins
(Certified Person Responsible for Student)
Principal Angie Lewis SBDM Chair Angie Lewis
Charged to/Source of Funding _____ Have all chaperones been approved? ☐ Yes ☐ No
Meals Required: ☐ Sack Lunch ☐ Fast Food ☐ Other _____
List Special Equipment To Be Transported—Items Which Cannot Be Held In Lap.

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

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

★ ALL BUS INFO N/A