

School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL Gallatin Co. HS. FACULTY MEMBER(S) SPONSORING TRIP Mrs. Hill
☐ Classroom Field Trip ☒ Class Trip, specify Sophomore Class
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)
 Destination Northern KY Ice Center Address 21038 Anderson Rd Phone 859-344-1981
☐ Out of State ☒ Out of County ☐ Within County
☐ Overnight; give name, address, phone of lodging _____
 Date of Request 12/13/12 Date of Trip 1/7/13 Person Requesting Brooke Hill
 Departure Time 8:30 AM Return Time 1:45 pm Number of Riders 80 Number of Chaperones 4

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP

Faculty Sponsor Brooke Hill
 (Certified Person Responsible for Student)
 Principal Angela Lewis SBDM Chair Amy Henage
 Charged to/Source of Funding Sophomore Class 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 2 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