School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.				
☐ Organization/Club Trip, speci Destination Northern KY \	Class Trip, specify fyAddre County □ Wit	Freshman (Other (a ss 2638 Andurse hin County	thletic, band, if a	applicable) 2 <u>859 - 344-1</u> 98
Date of Request 12 13 21 Date of	f Trip 1/7/22 Pe	erson Requesting Ar	nber Ale	kander
Departure Time 8:30 amReturn T	•			à.
ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP				
Faculty Sponsor Amber A (Certified Person Re	lexander sponsible for Studenty		,	30 <i>0</i>
_	11		\	-
Charged to/Source of Funding Fre				
Meals Required: Sack Lu				
List Special Equipment To Be Tran	isported—items whi	ch Cannot Be Held II	п тар,	
Number Of Buses Requested 2	Regular Bu	sSpecial	Needs Bus	Van
	Ratio of Students to	o Adults		
Hi	gh School	20 to 1		,
	ddle School			•
	ementary		ΦΦΟ. / Ι	
*For daily trips, a sim				us.
This section to Trip Calculation	o be completed by I	<u> ransportation/Cent</u>	ral Office.	
Bus X \$1.00	= \$	Mileage	Bill to:	
Total Miles	ф	Dalan a Daka		
Avg. OT Rate = \$X	, =	Driver Rate Total		
# of Buses Approved: Ap		tion Director:		Date
Acceptance by Driver;			Date	
For overnight and/or out-of-s			ent and Board is	required.
Superintendent	Date	Roard Chal	rinarigon	 Date
pahormonaent	Dan	Board Chairperson		10,00

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23