

School-Related Student Trip/Vehicle Request Form

| SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP. | |
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| SCHOOL GCHS FACULTY MEMBER(S) SPONSORING TRIP BECKY WORKING | 2ach |
| Classroom Field Trip Class Trip, specify Destination Class Trip, specify Class Trip | _ KI _ |
| Out of State Out of County Within County Overnight; give name, address, phone of lodging | |
| Date of Request 111122 Date of Trip My5-6 Person Requesting RICHU RICHU BECKY WAT | Bu |
| Departure Time TBO Return Time TBO Number of Riders TBO Number of Chaperones TBO | <u>)</u> |
| ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP | |
| Principal (Certified Person)Responsible for Student) SBDM Chair White Student Chair Certified Person Certified Person | |
| Charged to/Source of Funding Have all chaperones been approved? | 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 | i |
| 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 | |
| Avg. OT Rate = \$ Driver Rate Total | |
| # of Buses Approved: 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

* This is a Change in location *