STUDENTS

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SBDM Opproved 09.36 AP.21

School-Related Student Trip/Vehicle Request Form

	SUBMIT THIS FORM TW	O WEEKS PRIOR TO THE T	RIP.	
SCHOOL ILEAD ACADEMY	FACULTY MEMBE	R(S) SPONSORING TRIP	JENNA GRAY	
☐ Classroom Field Trip x Organization/Club Trip,			athletic, band, if app	olicable)
Destination <u>Crown Plaza</u>			·30Z-307ZZSI	
☐ Out of State ☐ C X Overnight; give name, a	Out of County \square			
Crown Plaza Hotel 830 Ph			ted States I 1-502-3	672251
Clown I laza Hotol 630 I h	mps butter bodisyme ;	<u> </u>		
Date of Request <u>2/10/2022</u>	Date of Trip 3/17-1	9/2022 Person Re	questing <u>Jenna Gra</u>	У
Departure Time 3/17 11 am	Return Time 3/19 1	2 pm Number o	f Riders 31	
•		-	f Chaperones <u>2</u>	
Atta	CH LIST OF NAMES O	OF ADULTS/STUDENTS	-	
-		•		^ 1
(Certified Pe	erson Responsible for Studen	2 MINO	1/10/11	() Hou
Principal <u>Ms. Jenna Gra</u>	x 14VUgler	SBDM Chair_	N/A WW	XILV HU
Charged to/Source of Fundir X Yes □ No	g _iLEAD Budget/Stud	dent Funded Have all o	chaperones been app	roved?
Meals Required: □ S	ack Lunch X	Fast Food		
List Special Equipment To E				
		,		
Number Of Buses Requested	I <u>0</u> Regula	r Bus Specie	al Needs Bus	Van
TRANSPORTATION PRO	OVIDED BY CARRO	LL COUNTY		
	Ratio of Studer			
	High School	20 to 1		
	Middle School Elementary	10 to 1 5 to 1		
*For daily trips	s, a simple way to estin	nate cost is \$1/mile and	d \$20/hour, per bus	š.
		by Transportation/Ce		
Trip Calculation				
BusX	\$1.00 = \$	Mileage	Bill to:	
Total Miles	= \$	Driver Rate		
Avg. OT Rate = $\frac{1}{\$}$	\$	Total		
# of Buses Approved:	Approval of Transp	ortation Director:	the second secon	Date
Acceptance by Driver:			Date	
For overnight and/or o				
FOR Overhight and/or o	ш-ог-мас и по, аррг	or and Dapormeon		<u> </u>
Superintendent	Date	Board Ch	airperson	Date
1				

RELATED PROCEDURES:

OPPINE STONAL
09.36 AP.21 OPPINE

STUDENTS

School-Related Student Trip/Vehicle Request Form

	SUBMIT THIS FORM TWO WEEK	S PRIOR TO THE TRIP.	
SCHOOL ILEAD ACADEMY	FACULTY MEMBER(S) SP	onsoring TRIP JENNA GRAY or Trip Other (athletic, band, if ap	
Destination Marriott Griffin	Gate Address Lexingt	$\frac{\text{on } K Y}{\text{Phone } 839-231-31}$	00
☐ Out of State ☐ Out X Overnight; give name, add Marriott Griffin Gate 1800 N	of County		
Date of Request 2/10/2022	Date of Trip 4/25-27/2022	Person Requesting Jenna Gr	<u>ay</u>
Departure Time 4/25 9 am	Return Time 4/27 12 pm	Number of Riders 31	
		Number of Chaperones 2	
<u>ATTACI</u>	I LIST OF NAMES OF ADU	ULTS/STUDENTS ON TRIP	
Faculty Sponsor Jenna Grav (Certified Person Principal Ms. Jenna Grav	n Responsible for Stuttent)	Show Chair N/A MA	le Lewi.
Charged to/Source of Funding X Yes □ No	iLEAD Budget/Student Fu	nded Have all chaperones been ap	proved?
List Special Equipment To Be	Transported—Items Which		
Number Of Buses Requested	0 Regular Bus_	Special Needs Bus	Van
TRANSPORTATION PROV			
	Ratio of Students to A	<u>adults</u>	
	High School 2	0 to 1 0 to 1	
	High School2Middle School1Elementary5	to 1	
	simple way to estimate co	ost is \$1/mile and \$20/hour, per bu	18.
	on to be completed by Tra	nsportation/Central Office.	
Trip Calculation			1
Bus X\$	1,00 = \$. 1:
Bus X\$		•	
Bus X \$ Total Miles X Avg. OT Rate = \$	\$ \(\begin{align*} alig	Driver RateTotal	
Bus X \$ Total Miles X Avg. OT Rate = \$	\$ \(\begin{align*} alig	•	
Bus	= \$	Driver RateTotal on Director: Date	Date
Bus	= \$	Driver RateTotal	Date

RELATED PROCEDURES:

Dogg 1 of 1

School-Related Student Trip/Vehicle Request Form

:	SUBMIT THIS FORM TV	VO WEEKS PRIOR TO	THE TRIP.	
SCHOOL GCHS	FACULT	y Member(s) se	PONSORING TRIP $\frac{M}{M}$	Clellen
☐ Classroom Field Trip	☐ Class Trip, spe			
Organization/Club Trip,		MINSVI HOL	Other (athletic, band, if	
Destination TBDVO		deress in 1997	Phon	
Out of State	ut of County	Within County	This is For	1+171 WEEK.
Overnight; give name, ac	ddress, phone of lodg	ing	finalize Where	We on Tu
Date of Request 7-8-27 I)ate of Trin 7 - 1.1 - 2	Z Person Reques	ting McClellen	get this
Date of Request 2-8-22 I Departure Time 3:00 pa Ret	7-25 N	27	2 () Number of Chap	erones as
				1/ 1/ 1/ 1/2
\mathbf{G}	CH LIST OF NAMES		DENTS ON I RIP	111-checki
Faculty Sponsor Byon W	son Responsible for Stude	net -	\wedge	D. DVII
Principal Would	Selvis	SBDM C	- IV V	Lews'
Charged to/Source of Funding	203 FFA	Have all chaper	rones been approved?	Yes 🗆 No
Meals Required: ☐ Sa	ck Lunch	Fast Food 🗵	Other NA	
List Special Equipment To Be	e Transported—Items	Which Cannot B	e Held In Lap.	
Number Of Buses Requested	Regul	ar Bus	Special Needs Bus	Van
	Ratio of Stude	ents to Adults		
	High School	20 to 1		ŧ
	Middle School	10 to 1 5 to 1		
*For daily trips.	Elementary a simple way to esti		nile and \$20/hour, per	bus.
	tion to be completed			
Trip Calculation	tion to be completed	by Transportati	on/Central Office	
Bus X	\$1.00 = \$	Mileag	ge Bill to:	
Bus X		70.1	TD (
Avg. OT Rate = \$X	= \$	Driver Total	Kate	
Avg. O1 Rate – ϕ	Ψ		au	Date
# of Buses Approved:	Approval of frans	portation Directo	1,	
Acceptance by Driver:			Date	
For overnight and/or ou	t-of-state trips, appr	oval of the Supe	rintendent and Board	is required.
a de la contraction de la cont				
Superintendent	Date	Во	ard Chairperson	Date

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23 POSSibly out of state

Review/Revised:6/22/09

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STUDENTS

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BOAPProval
09.36 AP.21

School-Related Student Trip/Vehicle Request Form

SCHOOL GACHS FACULTY MEMBER(S) SPONSORING TRIP Class Trip, specify Organization/Club Trip, specify Address Address The factory Out of State Out of County Within County Overnight; give name, address, phone of lodging fide composition for a decision of the factory Departure Time Sicolar Return Time 5:00m Number of Riders ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP Faculty Sponsor FACULTY MEMBER(S) SPONSORING TRIP Other (athletic, band, if applicable of the policy of the process o	756-2
Class Trip, specify Organization/Club Trip, specify Address Other (athletic, band, if applicable of State Out of State Out of County Within County Overnight; give name, address, phone of lodging Address Out of Request Overnight; give name, address, phone of lodging Overnight; give name, address Overnight; give name, address, phone of lodging Overnight; give name, address, phone Overnight; give name, address Overnight; give name, address	756-2
Date of Request Z·8-22 Date of Trip June 13-17, Person Requesting Brown McClellen Departure Time 8:00am Return Time 5:00m Number of Riders 6 Number of Chaperones ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP	
Departure Time 8:00am Return Time 5:00m Number of Riders 6 Number of Chaperones 4 ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP	<u></u>
Departure Time 4:00am Return Time 5:00m Number of Riders 6 Number of Chaperones 4 ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP	2
ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP	
Principal SBDM Chair SBDM Chair Charged to/Source of Funding 203 FFA Have all chaperones been approved? Yes	₩ □ No
Meals Required: Sack Lunch Fast Food Other / V / 4 List Special Equipment To Be Transported—Items Which Cannot Be Held In Lap.	
List Special Equipment to be Italisported—Items which Camer Be 1224 11 21-1-1	
Number Of Buses Requested Regular Bus Special Needs Bus Van	ıt
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.	ı
This section to be completed by Transportation/Central Office.	
Trip Calculation Bus X \$1.00 = \$ Mileage Bill to:	
Avg. OT Rate = \$ Driver Rate Total	
# of Buses Approved: Approval of Transportation Director: Date	
	eď.
For overnight and/or out-of-state trips, approval of the Superintendent and Board is require	<u> </u>
Superintendent Date Board Chairperson Da	

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23

overnight

Review/Revised:6/22/09