

STUDENTS

Need  
Board  
Approval

SBDm  
Approved  
09.36 AP.21

**School-Related Student Trip/Vehicle Request Form**

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL iLEAD ACADEMY FACULTY MEMBER(S) SPONSORING TRIP JENNA GRAY

☐ Classroom Field Trip Class Trip, specify Senior Trip  
☒ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable)

Destination Crown Plaza Address Louisville KY Phone 1-502-3672251

☐ Out of State ☐ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging

Crown Plaza Hotel 830 Phillips Lane, Louisville | Kentucky | 40209 | United States | 1-502-3672251

Date of Request 2/10/2022 Date of Trip 3/17-19/2022 Person Requesting Jenna Gray

Departure Time 3/17 11 am Return Time 3/19 12 pm Number of Riders 31

Number of Chaperones 2

**ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP**

Faculty Sponsor Jenna Gray  
(Certified Person Responsible for Student)

Principal Ms. Jenna Gray SBDM Chair N/A

Charged to/Source of Funding iLEAD Budget/Student Funded 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 0 Regular Bus \_\_\_\_\_ Special Needs Bus \_\_\_\_\_ Van \_\_\_\_\_

**TRANSPORTATION PROVIDED BY CARROLL COUNTY**

**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:**

STUDENTS

09.36 AP.21

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Approved  
Needs  
Board  
Approval

**School-Related Student Trip/Vehicle Request Form**

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL iLEAD ACADEMY FACULTY MEMBER(S) SPONSORING TRIP JENNA GRAY

☐ Classroom Field Trip Class Trip, specify Senior Trip  
☒ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable)

Destination Marriott Griffin Gate Address Lexington KY Phone 859-231-5100

☐ Out of State ☐ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging

Marriott Griffin Gate 1800 Newtown Pike, Lexington KY 859-231-5100

Date of Request 2/10/2022 Date of Trip 4/25-27/2022 Person Requesting Jenna Gray

Departure Time 4/25 9 am Return Time 4/27 12 pm Number of Riders 31

Number of Chaperones 2

**ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP**

Faculty Sponsor Jenna Gray  
(Certified Person Responsible for Student)

Principal Ms. Jenna Gray SBDM Chair N/A Angie Lewis

Charged to/Source of Funding iLEAD Budget/Student Funded 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 0 Regular Bus \_\_\_\_\_ Special Needs Bus \_\_\_\_\_ Van \_\_\_\_\_

**TRANSPORTATION PROVIDED BY CARROLL COUNTY**

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

Avg. OT Rate = \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_ Driver 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:**

**School-Related Student Trip/Vehicle Request Form**

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL GCHS FACULTY MEMBER(S) SPONSORING TRIP McClellan☐ Classroom Field Trip ☐ Class Trip, specify \_\_\_\_\_☒ Organization/Club Trip, specify FFA☐ Other (athletic, band, if applicable)Destination TBD Vevay, Ind or Louisville, KY Address \_\_\_\_\_ Phone \_\_\_\_\_☒ Out of State ☒ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

This is for FFA week.

Our meeting is 2-9-22 to

Finalize where we go. I will

Date of Request 2-8-22 Date of Trip 2-21-22 Person Requesting McClellan get this toDeparture Time 3:00pm Return Time 6:00pm Number of Riders 20 Number of Chaperones 1 as 500**ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP**Faculty Sponsor Brooke McClellan  
(Certified Person Responsible for Student)Principal Angela Lewis SBDM Chair Angela LewisCharged to/Source of Funding 203 FFA Have all chaperones been approved? ☒ Yes ☐ NoMeals Required: ☐ Sack Lunch ☐ Fast Food ☒ Other N/A

List Special Equipment To Be Transported—Items Which Cannot Be Held In Lap.

Number Of Buses Requested 1 Regular Bus 1 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

possibly out of state

STUDENTS

needs  
Board  
Approval

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 McClellen  
☐ Classroom Field Trip ☐ Class Trip, specify \_\_\_\_\_  
☒ Organization/Club Trip, specify FFA ☐ Other (athletic, band, if applicable) \_\_\_\_\_  
Destination FFA Camp Address 111 FFA Camp Rd Phone 270-756-2301  
Hardinsburg, Ky 40143  
☐ Out of State ☐ Out of County ☐ Within County  
☒ Overnight; give name, address, phone of lodging FFA camp same as address above.  
Date of Request 2-8-22 Date of Trip June 13-17, 2022 Person Requesting Brooke McClellen  
Departure Time 8:00am Return Time 5:00pm Number of Riders 6 Number of Chaperones 1

**ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP**

Faculty Sponsor Brooke McClellen  
(Certified Person Responsible for Student)  
Principal Angela Leun SBDM Chair Angela Leun  
Charged to/Source of Funding 203 FFA Have all chaperones been approved? ☒ Yes ☐ No  
Meals Required: ☐ Sack Lunch ☐ Fast Food ☒ Other N/A  
List Special Equipment To Be Transported—Items Which Cannot Be Held In Lap.

Number Of Buses Requested \_\_\_\_\_ Regular Bus \_\_\_\_\_ Special Needs Bus \_\_\_\_\_ Van 1

**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

overnight