

STUDENTS

SBDm approved  
3/10/22

Yuds Board approval  
09.36 AP.21

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

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL GCIS FACULTY MEMBER(S) SPONSORING TRIP Kim Radkey  
☐ Classroom Field Trip ☐ Class Trip, specify \_\_\_\_\_  
☒ Organization/Club Trip, specify FBLA ☐ Other (athletic, band, if applicable)  
Destination Gall House Address 140 N. Fourth St Phone 502-589-5240  
Louisville, KY  
☐ Out of State ☐ Out of County ☐ Within County  
☒ Overnight; give name, address, phone of lodging Gall House 140 N. Fourth St,  
Louisville KY 40202  
Date of Request 3/10/22 Date of Trip 4/11/22 Person Requesting Kim Radkey  
Departure Time 9am Return Time 3pm Number of Riders 5 Number of Chaperones 1

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

Faculty Sponsor Kim Radkey  
(Certified Person Responsible for Student)  
Principal Angela Lewis SBDM Chair Angela Lewis  
Charged to/Source of Funding 230 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 \_\_\_\_\_ 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

Approved  
by  
SBDM  
3/10/22

STUDENTS

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 Becky Watkins + Rachel Riddle  
☐ Classroom Field Trip ☐ Class Trip, specify \_\_\_\_\_  
☒ Organization/Club Trip, specify Senior class ☐ Other (athletic, band, if applicable)  
Destination Reds game Address 100 Joe Nuxhall Way Phone \_\_\_\_\_  
☒ Out of State ☐ Out of County ☐ Within County Cincinnati, OH  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

Date of Request 3/14 Date of Trip 5/26 Person Requesting Becky Watkins  
Departure Time 1:00 am Return Time 5:30 pm Number of Riders 50? Number of Chaperones 3

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

Faculty Sponsor Becky Watkins  
(Certified Person Responsible for Student)  
Principal Angela Lewis SBDM Chair Ann Herage Angela Lewis  
Charged to/Source of Funding Senior class Have all chaperones been approved? ☒ Yes ☐ No  
Meals Required: ☐ Sack Lunch ☐ Fast Food ☐ Other None  
List Special Equipment To Be Transported—Items Which Cannot Be Held In Lap.

Number Of Buses Requested 1 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 30 X \$1.00 = \$ 30 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

Approved by  
SBDM  
3/10/22

STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL Gallatin Co. High FACULTY MEMBER(S) SPONSORING TRIP Amber Alexander

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

Destination Cincinnati Museum Center Address 1301 Western Ave. Phone 513-287-7000

☒ Out of State ☒ Out of County ☐ Within County  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

Date of Request 3/9/22 Date of Trip 4/21/22 Person Requesting Amber Alexander

Departure Time 8:30 am Return Time 1:50 pm Number of Riders 70 Number of Chaperones 5

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

Faculty Sponsor Amber Alexander  
(Certified Person Responsible for Student)

Principal Angela Lewis SBDM Chair Amy Henage

Charged to/Source of Funding Freshman 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