**STUDENTS** 



Boardul.

## School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP,					
SCHOOL GCHS	FACU	LTY MEMBER(S)	SPONSORING TRIP Ki	n Ridkey	
Classroom Field Trip	☐ Class Trip, sr	ecify		·	
☑ Organization/Club Trip,	specify FBLIA		Other (athletic, band, if	applicable)	
Destination Galf House	- ,	Address 140 N	Footh St Pho	ne <u>502-589-5</u> 2	
Destination Call House  Out of State Ou	t of County	☐ Within Count	, Louisville, Ky		
Overnight: give name, ad	dress, phone of lod	ging Gall Hr	I'VE INITIAL FROSTA	St	
Louisville RU	40202				
Date of Request 3/10/22 D	ate of Trip <u>\luberlus</u>	7 Person Requ	esting Kim Roll	(2)	
Date of Request 3/10/22 D Departure Time Alam Return	rn Time 3pm 1	Number of Riders	S _ 5 Number of Chap	perones	
ATTAC	H LIST OF NAME	s of Adults/S	<u>rudents on Trip</u>		
Faculty Sponsor	Redlu		A		
(Certified Pers	on Responsible for Stu	dent)	1, 0	Jan 1	
Principal (Certified Pers	sur "	SBDM	Chair MQUA	34000	
Charged to/Source of Funding	<i>230</i>	Have all char	perones been approved?	☐ Yes ☐ No	
Meals Required: ☐ Sac	k Lunch	□ Fast Food □	] Other		
List Special Equipment To Be					
	•				
Number Of Buses Requested _	Regi	ılar Bus	Special Needs Bus	Van	
	Ratio of Stud	lents to Adults			
	High School	20 to 1			
	Middle School			,	
deres . N. dr. A. d.		5 to 1	/ 13 - 3 000 /	¥	
			mile and \$20/hour, per	bus.	
	on to be complete	d by Transporta	tion/Central Office.		
Trip Calculation	100 — <b>b</b>	N.491	D!!!.		
BusX \$ Total Miles	1.00 = \$	Mile	ige Bill to:		
Avg OT Rate = \$	= \$	Drive	or Rate		
Avg. OT Rate = \$	\$	Total			
# of Buses Approved:	Approval of Tran	sportation Direct	or;	Date	
Acceptance by Driver:			Date		
For overnight and/or out				1	
				-	
Superintendent	Date	В	oard Chairperson	Date	

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23

Review/Revised:6/22/09

oppound
Sport students

## School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.						
SCHOOL GCHS FACULTY MEMBER(S) SPONSORING TRIP BACKY WATERNS & FORM						
□ Glassroom Field Trip □ Class Trip, specify ∇-dill						
☐ Organization/Club Trip, specify <u>RNID</u> ClarA ☐ Other (athletic, band, if applicable)						
Destination Red Address 100 ove Nuxhall way Phone						
D'Out of State Out of County Within County Cincinnati, OH						
☐ Overnight; give name, address, phone of lodging						
Date of Request 314 Date of Trip 5/26 Person Requesting RICH WOLKING						
Departure Time \(\frac{\partial DO \alpha \text{Return Time } \frac{5! \mathcal{D} \partial \text{Number of Riders } \frac{\sqrt{D}}{\sqrt{Number of Chaperones } \frac{3}{\sqrt{S}}}\)						
ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP						
Frank Granger ROCKI WATVIND						
Principal AVALA AMA TO CONTROL TO Stude OF STUD						
Principal HYOLD LILLS THOUGHT SEEDM Chair ANN HUNGE SHOW						
Charged to/Source of Funding \\ \text{Y\text{NIN}} \text{\(\text{UV}\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
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 $30 \times 1.00 = $30$ Mileage Bill to:						
Bus X \$1.00 = \$ Mileage Bill to:    Total Miles						
X =  Driver Rate						
Avg. OT Rate = \$						
# 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

09.36 AP.21

approved by students

## School-Related Student Trip/Vehicle Request Form

	SUBMIT THIS FORM <b>TW</b>	O WEEKS PRIOR TO THE TRIP.			
SCHOOL Gallatin Co. H	ligh FACULT	y Member(s) sponsoring 1	rrip Amber Alexander		
☐ Classroom Field Trip	☑ Class Trip, spec	ify Freshman Clas	<u> </u>		
☐ Organization/Club Trip	, specify	☐ Other (athlet:	ic, band, if applicable)		
			ve. Phone 513-287-700		
Out of State	Out of County	Within County			
☐ Overnight; give name,	address, phone of lodgi	ıg			
Date of Request 3/9/22	Date of Trip 4/21/22	Person Requesting Amb	er Alexander		
		mber of Riders 70 Numb			
	*	OF ADULTS/STUDENTS ON T			
Faculty Sponsor 14mb	A 1				
(Certified Pe	erson Responsible for Studen	fX \	$\Lambda$ , $\Lambda$		
Principal Angela Lewi	s Mapley	SBDM Chair Amy	Henage Macla Ja		
Charged to/Source of Fundir	ig Freshman	Have all chaperones been ap	proved? Yes No		
Meals Required:	ack Lunch	Fast Food 🔲 Other			
List Special Equipment To E	Be Transported—Items `	Which Cannot Be Held In Lap	ο,		
Number Of Buses Requested	I 2 Regula	r Bus Special Nee	ds BusVan		
	Ratio of Studer	its to Adults			
	High School	<b>20</b> to 1	ı		
	Middle School	10 to 1			
4TO Julius Andres	Elementary	5 to 1	house man hiss		
*For daily trips, a simple way to estimate cost is \$1/mile and \$20/hour, per bus.					
<u>This sec</u> Trip Calculation	ction to be completed I	oy Transportation/Central C	Jilice.		
-	\$1.00 = \$	Mileage	Bill to:		
Total Miles	7				
Avg. OT Rate = \$X	= \$	Driver Rate			
		Total			
# of Buses Approved;	Approval of Transp	ortation Director:	Date		
Acceptance by Driver;		Date	3		
For overnight and/or or	ut-of-state trips, appro	val of the Superintendent a	nd Board is required.		
Superintendent	Date	Board Chairpers	on Date		
n al armanana	1				

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23

Review/Revised:6/22/09