

** Approved 4/1/22* **School-Related Student Trip/Vehicle Request Form**

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL GLMS FACULTY MEMBER(S) SPONSORING TRIP 6th grade
☐ Classroom Field Trip ☒ Class Trip, specify 6th grade
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)
 Destination YMCA Address 1114 W Main St Phone (812) 427-9622
☒ Out of State ☐ Out of County ☐ Within County Vevey IN
☐ Overnight; give name, address, phone of lodging _____

Date of Request 3/23/22 Date of Trip 5/19/22 Person Requesting Sarah Webster
 Departure Time 8:00 AM Return Time 2:00 PM Number of Riders 104 Number of Chaperones 10*

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP

Faculty Sponsor Sarah Webster
 (Certified Person Responsible for Student)
 Principal Helen Hitt SBDM Chair Helen Hitt
 Charged to/Source of Funding _____ 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 2 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