

School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL Gallatin County MS FACULTY MEMBER(S) SPONSORING TRIP Elizabeth Cox / Marty Glen
☒ Classroom Field Trip ☐ Class Trip, specify _____
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)
 Destination Union Terminal, Banks Address 1301 Western Ave Phone 858-513
☒ Out of State ☐ Out of County ☐ Within County 45203 287-7000
☐ Overnight; give name, address, phone of lodging _____

Date of Request 4/13/22 Date of Trip 4/29/22 Person Requesting Elizabeth Cox
 Departure Time _____ Return Time _____ Number of Riders _____ Number of Chaperones 3

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP

Faculty Sponsor Marty Glen
 (Certified Person Responsible for Student)

Principal Holli Hunt SBDM Chair _____

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 _____ Regular Bus _____ Special Needs Bus _____ Van 2

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