

School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL GCHS FACULTY MEMBER(S) SPONSORING TRIP H. Roberts, Coomer, B

☐ Classroom Field Trip ☐ Class Trip, specify _____

☐ Organization/Club Trip, specify _____ ☒ Other (athletic, band, if applicable)

Destination Gatlinburg, TN Address 1870 Sartswell Blvd, Gatlinburg, TN 37738 Phone 858-865-325-0044

☒ Out of State ☐ Out of County ☐ Within County

☐ Overnight; give name, address, phone of lodging Glenstone Lodge
504 Historic Nature Trail Gatlinburg, TN 37738

Date of Request 5/25/22 Date of Trip Dec 9-12 Person Requesting H. Roberts

Departure Time Pending Return Time Pending on game time Number of Riders 10-15 Number of Chaperones 4

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP - Pending on roster

Faculty Sponsor Holly Roberts
 (Certified Person Responsible for Student)

Principal Angela Lewis 1/9/2022 SBDM Chair Angela Lewis

Charged to/Source of Funding Athletics girls basketball 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 0 Special Needs Bus 0 Van possibly 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