

FBLA STATE

Overnight

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 Kim Rodkey  
☐ Classroom Field Trip ☐ Class Trip, specify \_\_\_\_\_  
☒ Organization/Club Trip, specify FBLA ☐ Other (athletic, band, if applicable)  
Destination Galt House Address 140 N. Fourth St Phone 502-589-5200  
☐ Out of State ☐ Out of County ☐ Within County Louisville, KY 40202  
☒ Overnight; give name, address, phone of lodging Galt House (see above)

Date of Request 12/7/22 Date of Trip 4/17/23 Person Requesting Kim Rodkey  
Departure Time 10 Return Time 1:30 Number of Riders TBD Number of Chaperones 1  
less than 4

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

Faculty Sponsor Kim Rodkey  
(Certified Person Responsible for Student)  
Principal Angela Lewis Angela Lewis SBDM Chair  
Charged to/Source of Funding FBLA Have all chaperones been approved? ☒ Yes ☐ No  
Meals Required: ☐ Sack Lunch ☒ Fast Food ☒ Other local restaurants  
List Special Equipment To Be Transported—Items Which Cannot Be Held In Lap.

Number Of Buses Requested 1 Regular Bus \_\_\_\_\_ Special Needs Bus \_\_\_\_\_ Van 1

I would drive  
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

12/8/22  
Go to board

# Field Trip Request Form

NOT VALID FOR OUT-OF-STATE OR OVERNIGHT TRIPS.

[kimberly.rodkey@gallatin.kyschools.us](mailto:kimberly.rodkey@gallatin.kyschools.us) [Switch account](#)



Draft saved

Your email will be recorded when you submit this form

\* Required

Please Note: This form must be submitted AT LEAST TWO weeks prior to the date of the field trip.

School \*

GCHS

Date of Trip \*

Date

04/17/2023



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