

STUDENTS

09.36 AP.21

## School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM <b>TWO</b> WEEKS PRIOR TO THE TRIP.			
SCHOOL GCHS	FACULTY M	TEMBER(S) SPONSORING TRIP	WOLKINS of Riddle
☐ Classroom Field Trip	☑ Class Trip, specify	Senior Class Trip	2
☐ Organization/Club Trip,	specify	☐ Other (athletic, band	l, if applicable)
Destination NVC	Addre	essP	hone
Out of State O	ut of County 🔲 Wi	thin County	
☑ Overnight; give name, ac	idress, phone of lodging	TBD	
Date of Request 19/11/22 (0/19)	Ad) Date of Trip 4/12 - 4/14P	erson Requesting <u>BCCKY WAT</u> er of Riders <u>15</u> Number of C	Kins + Rachel Riddu
	-		naperones
Faculty Sponsor Certified Per	son Responsible for Student)	ADULTS/STUDENTS ON TRIP	
Principal HIVE LEV	WIS	SBDM Chair	
Charged to/Source of Funding	у H	ave all chaperones been approved	? ☐ Yes ☐ No
Meals Required: ☐ Sa	ck Lunch	et Food 🛘 Other	
List Special Equipment To Be	Transported—Items Wh	ich Cannot Be Held In Lap.	
No.			
Number Of Buses Requested	Regular B	us Special Needs Bus	Van
	Ratio of Students t	to Adults	
	High School	20 to 1	
	Middle School	10 to 1	
*Fon daily tring	Elementary		you have
*For daily trips, a simple way to estimate cost is \$1/mile and \$20/hour, per bus.			
Trip Calculation This sect	ion to be completed by	Fransportation/Central Office.	
-	\$1.00 = \$	Mileage Bill to:	
Total Miles			
X	= \$	Driver Rate	
Avg. OT Rate = \$	\$	Total	
# of Buses Approved:	Approval of Transport	ation 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
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RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23

Review/Revised:6/22/09