

School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

SCHOOL Gallatin Co. High School FACULTY MEMBER(S) SPONSORING TRIP Kristie Beatty

- Classroom Field Trip Class Trip, specify _____
- Organization/Club Trip, specify Volleyball Other (athletic, band, if applicable)

Destination Southwestern High School Address 1765 WTLO Road Phone 606-678-9000

- Out of State Out of County Within County Somerset, KY
- Overnight; give name, address, phone of lodging Quality Inn & Suites, 240 North Hwy 27
Somerset, KY 42503

Date of Request 4/25/23 Date of Trip 6/9-6/10 Person Requesting Kristie Beatty

Departure Time 8am Return Time 8pm Number of Riders 18 Number of Chaperones 1

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP

Faculty Sponsor Kristie Beatty
(Certified Person Responsible for Student)

Principal [Signature] SBDM Chair _____

Charged to/Source of Funding Volleyball 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.

Volleyballs and uniforms

Number Of Buses Requested 1 Regular Bus Special Needs Bus _____ Van _____

Ratio of Students to Adults

High School	<u>20 to 1</u>
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 282 X \$2.00 = \$ 564.00 Mileage Bill to: _____
 Total Miles _____
 Avg. OT Rate = \$ _____ X _____ = \$ _____ Driver Rate
 \$ _____ Total

of Buses Approved: 1 Approval of Transportation Director: [Signature] Date 4-26-23

Acceptance by Driver: _____ Date _____

For overnight and/or out-of-state trips, approval of the Superintendent and Board is required.

125 overnight pay plus driving time
 Superintendent _____ Date _____ Board Chairperson _____ Date _____

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23

Review/Revised:6/22/09

Hedmond