

Dear BOE members and Administrators,

I am writing to ask for approval to travel out of state to play at Switzerland Co, Indiana for the Girls High School Basketball Team to play against Nov. 30.

This would be a games that is close in distance and competitive. Thank you for your consideration.

Sincerely,

Coach Holly Roberts

School-Related Student Trip/Vehicle Request FormSUBMIT THIS FORM **TWO** WEEKS PRIOR TO THE TRIP.SCHOOL GCHS FACULTY MEMBER(S) SPONSORING TRIP HOLLY ROBERTS, BRENDA ALEXANDER DUSTIN MCVEY

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

Destination N SWITZERLAND COAddress 1020 WEST MAIN STREET VEVA, IN 47042Phone 812-427-2626

- ☐ Out of State ☐ Out of County ☐ Within County
☐ Overnight; give name, address, phone of lodging _____

Date of Request 8/13/23 Date of Trip 11/30/23Person Requesting HOLLY ROBERTSDeparture Time 5:00 Return Time 9:00 Number of Riders 15 Number of Chaperones 3**ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP**Faculty Sponsor HOLLY ROBERTS, BRENDA ALEXANDER DUSTIN MCVEY

(Certified Person Responsible for Student)

Principal ANGIE LEWIS SBDM Chair _____Charged to/Source of Funding GCHS GIRLS BASKETBALL Have all chaperones been approved? ☐ Yes ☐ NoMeals 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 1 Special Needs Bus _____ 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

Avg. OT Rate = \$ _____ X _____ = \$ _____ Driver 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
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RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23

Review/Revised:6/22/09