

School-Related Student Trip Request Form**REQUEST AND AUTHORIZATION FOR FIELD TRIP USING BOARD OWNED VEHICLE**

This form should be in the Central Office at least fourteen (14) for in state and thirty (30) for out of state days to the departure. Attach detailed itinerary/agenda to this form.

Policy 09.36 and corresponding Administrative Procedures must be followed with necessary paperwork completed on a timely basis.

*From: Stacey Fulgoni *Date: 9/1/2026
Name of Requestor Date of Request

*For: BCMS KYA Conference *Number of Students: 35
Class or Grade

**Proposed trip to: Crowne Plaza, Louisville, KY

**Date and estimated time of departure: 12/13/26 approx 12:00pm

**Date and estimated time of return: 12/15/26 approx 12:00pm

*Educational objective: KYA Conference - Student Leadership

Type of Vehicle needed:

* Board owned: ☒ Bus ☐ Van ☐ Sedan

Number of Passengers: 37

Not Board owned: ☐ Common Carrier ☐ Other (specify), _____

Number of Passengers: _____

*Will students be charged: ☒ Yes ☐ No If yes, how much? \$355.00

Other financing: YMCA Scholarships

*Teacher(s) in charge of trip: Luci Ray and Stacey Fulgoni

*Additional chaperones: _____

*Has/will parental permission be/been obtained for each student? ☒ Yes ☐ No

Will you or one of your chaperones, as a certified driver, be the driver for the trip? ☐ Yes ☒ No

If yes, give driver's name: _____ Remarks: _____

☐ Student list has been reviewed by the Principal

☐ Student list was given to the Attendance Clerk

☒ Student list has been reviewed by the School Nurse

Nurse Signature: _____

OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

*Trip approved: [Signature] Driver assigned: _____
Principal's Signature Name of Driver

*Charge trip to: _____ Central Office approval: _____

Vehicle assigned: _____ Head Mechanic Initials: _____

FOR DRIVER USE-RETURN COMPLETED FORM TO CENTRAL OFFICE AFTER TRIP

Vehicle checked for safety and fuel: ☐ Yes ☐ No Bus Number: _____

Odometer reading (beginning of trip): _____ Odometer reading (end of trip): _____

Depart Date: _____ Time: _____ Mileage: _____

Return Date: _____ Time: _____ Mileage: _____

ACCOUNTANT USE-RETAIN FOR FILE

Mileage charge: \$ _____ per mile for _____ miles equals \$ _____.

Driver's Pay: \$ _____ Charged to: _____

Activity Fund

Date Paid: _____

*Required Fields to be completed

**If Request is for multiple trips (i.e. sports teams), do not complete this field - Complete a Multi-Trip Sheet