

**BATH COUNTY SCHOOLS
OWINGSVILLE, KENTUCKY**

STUDENTS

Trip Request Form

09.36. AP.21

THIS REQUEST MUST BE RECEIVED AT THE BUS GARAGE SEVEN (7) DAYS PRIOR TO DEPARTURE DATE.

Date Requested _____ Date of Bus Trip _____

Destination _____

Pickup Point _____

Departure Time _____

Return Time _____

Round Trip Mileage _____

Sponsored By _____

Person in Charge _____ Number of Chaperones _____

Staff member(s) designated to administer medication if necessary: _____

Names of Chaperones Designated by the Principal _____

Have all chaperones undergone the required records check and been designated by the Principal/

Designee to supervise students? Yes No

Number of Pupils _____ Budget Code _____

Group _____ Field Trip Roster Sent to School Nurse

Please check one: Bus Competition

Out of State / Over 75 Mile Radius Non-Competition

Driver/Bus Number (To Be Assigned by Transportation Manager) _____

Approved By _____ Principal/designee.

Bus Number/Driver Approved By _____, Transportation Manager

Approved By Superintendent _____ Date _____

*Trip sponsor should plan trip prior to leaving (maps, routes, building, pickup points of arrival and departure, etc.) and give to driver prior to departure.

** Driver has been informed not to depart unless above information is complete and accurate.

Copies: White - File Copy for Principal

Remaining copies to Transportation Manager or Bus Compound.

RELATED PROCEDURE:

09.36 AP. 1 (See section on **TEACHER'S RESPONSIBILITIES**)

09.36 AP. 211

Review/Revised: 7.2019