**Rockcastle County Board of Education**

**Mt. Vernon, Kentucky**

**APROVAL FOR SCHOOL TRIPS**

Any school trip requiring reimbursement must be approved by the Board at its regular meeting in addition to all other approvals.

***This form must be submitted to the Director of Transportation by NOON on Thursday before the regularly scheduled Board Meeting.***

SCHOOL:

DATE OF TRIP:

GRADE LEVEL:

DEPARTURE TIME:

**(Suggested ratio of students per chaperone is approximately 5:1 for overnight trips.)**

NUMBER OF STUDENTS IN GROUP:

DESTINATION CITY:

CLASS ACTIVITY:

METHOD OF PAYMENT FOR MILEAGE AND DRIVERS:

REQUESTED DRIVER: (Requests are not guaranteed)

IF YES, WILL DRIVER STAY OVERNIGHT? YES\_\_ NO\_\_

WILL A SUBSTITUTE DRIVER BE NEEDED FOR THE DRIVER’S REGULAR ROUTE? NO\_\_\_ YES\_\_\_

IF YES, AM ONLY\_\_\_ PM ONLY\_\_\_ AM & PM\_\_\_

IS THIS AN OVERNIGHT TRIP? YES\_\_\_ NO\_\_\_

ESTIMATED MILES OF ROUND TRIP:

IS THIS TRIP COMPETITION? YES \_­­­\_\_ NO \_\_\_

RETURN TIME:

NUMBER OF CHAPERONES IN GROUP:

WHAT LOCATION WILL TRIP ORIGINATE?

CHAPERONE(S):

**NOTE**: On a **separate sheet** of paper, you should list all educational objectives in conjunction with this trip.

***All trips are subject to weather, bus and driver availability.***

**APPROVAL GRANTED BY:**

PRINCIPAL:

DATE:

SUPERINTENDENT:

DATE:

TRANSPORTATION DIRECTOR:

DATE:

* A copy will be retained on file in the Transportation Director’s office.
* Original copy will be retained on file in the Superintendent’s office.