

**HARLAN COUNTY SCHOOLS
DEPARTMENT OF PUPIL TRANSPORTATION**

REQUISITION FOR USE OF BUS

SCHOOL _____

DATE(S) TO BE USED _____

DEPARTURE TIME _____ RETURN TIME _____

DESTINATION _____

GROUP OR ORGANIZATION _____

EDUCATIONAL PURPOSE OF TRIP _____

NUMBER OF STUDENT PASSENGERS _____

NUMBER OF CHAPERONES/SUPERVISORS _____

(NOTE: A RATIO OF 1:10, SUPERVISOR:PUPILS, IS RECOMMENDED)

APPROXIMATE ROUND TRIP MILEAGE _____

NAME OF BUS DRIVER(S) _____

SIDE NUMBER OF BUS(ES) BEING USED _____

SPONSOR'S SIGNATURE _____ DATE _____

PRINCIPAL'S SIGNATURE (APPROVING TRIP) _____ DATE _____

APPROVAL OF BOARD (IF CHARTERED BUS _____ DATE _____

AND/OR OUT-OF-STATE)

COMMENTS: _____

BOARD ORDER # _____

SUPERINTENDENT/DESIGNEE (APPROVING BUS)

***A LIST OF PASSENGERS (INCLUDING CHAPERONES AND SUPERVISORS)
MUST BE SUBMITTED WITH THIS REQUEST BEFORE THE BUS WILL BE
APPROVED. A COPY OF THIS REQUISITION AND PASSENGER LIST MUST
BE KEPT ON BUS DURING TRIP.***

**Out of State Trips
Require Completion
of Pages 2 and 3**

Out-of-State Field Trip Application

FORMS MUST BE SUBMITTED A MINIMUM OF TWO (2) WEEKS PRIOR TO THE SCHEDULED BOARD MEETING. IT IS RECOMMENDED THAT YOU SUBMIT THE FORM AS EARLY AS POSSIBLE.

SCHOOL: _____ SPONSOR/GROUP: _____

DATE OF APPLICATION _____ DATE OF TRIP _____ NUMBER OF SCHOOL DAYS MISSED _____

- All trip requests must be submitted to the Central Office for Board approval no later than two weeks prior to the scheduled Board of Education meetings. It is imperative that persons scheduling trips plan ahead to meet this requirement.

DESTINATION _____ FUNDING FOR TRIP _____

PURPOSE OF TRIP: _____

LIST SPECIFIC WAYS TIME WILL BE USED TO RELATE TO CORE CONTENT/ACADEMIC GOALS. _____

ITINERARY: (from departure to return) Include the actual time the event is to begin. _____

- If this is an overnight trip, attach a detailed itinerary including name of hotel, address, and phone.

Number of Students going: _____ Number of Adults going: _____ Student/Adult Ratio: _____

Names of staff members who are going: _____

Will all persons involved be informed that this is a school sponsored activity and that all Board and School Policies are to be followed? Yes No

FOOD SERVICE INFORMATION

Approximately, how many students will NOT be eating in the school cafeteria on this date? _____ Sack lunches needed: Yes No Number of sack lunches needed: _____

TRANSPORTATION INFORMATION

DEPART Day: _____ Time: _____ Location for loading: _____

RETURN Day: _____ Time: _____ Driver Preference(s): _____

Number of buses needed: _____ Handicapped bus needed: Yes No

TRIP AUTHORIZATION

Principal's Approval _____ Date _____

Superintendent's Approval _____ Date _____

Harlan County Board of Education Approval: _____ Date _____

Trips should be scheduled during the normal school day to avoid interference with the transportation schedule. Out-of-state trips require board approval before fundraising activities begin.

TRANSPORTATION USE ONLY

<u>Bus Numbers Assigned</u>	<u>Driver's Name</u>	<u>Paid Hours</u>
_____	_____	_____
_____	_____	_____

Out-of-State Field Trip Questionnaire

Answers to the following questions/situations should be provided for Out-of-State Field trips and is recommended for in-state field trips.

How many school days will be missed? (List dates)

How and when will homework be assigned and collected for classes missed?

Cost of the event (provide breakdown of all costs)

- o Cost of Transportation?

- o Cost of substitutes for staff members on trip?

- o Cost of substitutes for bus drivers on trip?

How will funds be raised? (Please provide a detailed listing of all planned fundraising events).

What provisions are there for those who cannot afford the trip?

What will you do if the group has not raised sufficient funds by trip time?

Have you discussed above issues and cost details with your principal?

References:

KRS 156.153; KRS 161.185; 702KAR 005:060; 702 KAR 003:220; 702 KAR 005:080; 702 KAR 005:130; KRS 158.110; KRS 160.340; KRS 189.125; KRS 189.540

Sponsor/Coach/Teacher completing this form:

Applicant Signature _____ Employee I.D. Number _____
Print name of applicant _____ Date completed _____