



## GENEVA CITY SCHOOLS TRIP REQUEST FORM

|   | ☐ Academic              | Trip [                 | Extra-curricular Trip (Athletic       | s, Band, Cheerleadir                     | ıg)          |
|---|-------------------------|------------------------|---------------------------------------|--|--------------|
| ACTIVITY/SPORT:                             |                         |                        |                                       |  |              |
| SCHOOL:                                     |                         |                        | DATE OF REQUEST:                      |  |              |
| TEACHER/COACH/SPONSOR:                      |                         |                        | GRADE/SUBJECT                         |  |              |
| NUMBER OF STUDENTS                          |                         |                        | NUMBER OF BUSES NEEDED:               |  |              |
| *DATE AND TIME OI                           | F DEPARTURE:            |                        | *DATE AND TIME OF RETURN:             |  |              |
| DESTINATION:                                |                         | COST PER STUDENT:      |                                       |  |              |
| * Meals will be provid                      | led by or paid for by t | he organization. If ov | vernight, the organization will pa    | y the costs of the driv                  | er's room.   |
| TRANSPORTATION                              | IF OTHER THAN SO        | CHOOL BUS:             |                                       |  |              |
| (No student may be o                        |                         |                        | · · · · · · · · · · · · · · · · · · · |  |              |
| ARRANGEMENTS FOR STUDENTS NOT PARTICIPATING |                         |                        |                                       | CAFETERI                                 | A NOTIFIED   |
| OBJECTIVES FOR S                            | SDE COURSE OF ST        | TUDY AND/OR SYS        | TEM CURRICULUM PLAN:                  |  |              |
|   |                         | <del></del>            |                                       |  |              |
| <u> </u>                                    |                         |                        |                                       |  |              |
|   | LO TOID IS INCLUDE      | ED IN MY LEGGON I      | DI ANO                                |  | <del> </del> |
| ☐ THIS FIE                                  | LD TRIP IS INCLUDI      | ED IN MY LESSON I      | PLANS                                 |  |              |
| Teacher/Coach/Sponsor Signature             |                         | Date                   | Nurse Signati                         | Nurse Signature Di                       |              |
|   |                         |                        |                                       |  |              |
|   |                         |                        | Transportation                        | Coordinator                              | Date         |
|   |                         |                        |                                       |  |              |
| Principal's Approval/Signature              |                         | Date                   | Superintendent's Ap                   | Superintendent's Approval/Signature Date |              |
|   |                         |                        |                                       |  |              |
|   |                         | For Office             | ce Use Only                           |  |              |
| Name of Driver:  Name of Sub:               |                         |                        |                                       | Bus#                                     |              |
|   |                         |                        | # of days                             | X \$50.00 = \$                           |              |
| Day Trip:                                   |                         |                        |                                       | <b>e</b>                                 |              |
| Estimated Duration:                         |                         | # of hrs               | x \$10.00=                            | \$                                       |              |
| Overnight Trip:                             | 5 (15                   |                        | v \$100.00-                           | œ  |              |
|   | Expected Days:          | # of days              | x \$100.00=                           | <u>\$</u>                                |              |
|   |                         |                        | Sub & Driver's Gross Pay:             | \$                                       |              |
| 1   |                         |                        | 18% Fixed payroll Cost:               | \$                                       | _            |
| Estimated cost of I                         |                         |                        | of Driver(s) to Organization:         | \$                                       |              |

Activity Trip Requests — Requests for all activity trips will be completed by the sponsoring teacher(s) and submitted to the building principal for approval. Upon approval, the principal will forward the request to the superintendent of schools for approval. Upon approval, the request will be sent to the transportation director if school transportation is required. (If no transportation is required, the request will be returned directly to the principal and teacher(s).) After buses and drivers are scheduled, the transportation director will return the approved request to the principal and teacher with a statement of *estimated* expenses for drivers.

Upon completion of the trip, the driver will present an activity trip report to the sponsoring teacher(s) indicating the driver's service for the trip. The teacher's signature is required on this report to verify time served for payroll records. The driver is responsible for submitting the blue slip to the transportation director to receive payment for the trip.

Allow a reasonable amount of time (3-4 days) for requests to be processed. Additional time for scheduling will be needed if the trip will require multiple buses, overnight travel, or departure/returns outside of school hours. Requests will be processed and scheduled in the order they are received.

Competition teams are asked to complete and submit a "season trip request" form to the transportation director at least two weeks prior to the first scheduled contest.

Drivers will be selected by the transportation supervisor from a pool of regular or substitute drivers who have expressed an interest in driving for activity trips. Every attempt will be made to rotate the assignment of trips to provide equal opportunity for all drivers.

The sponsoring organization will pay any and all costs incurred by the system for providing a driver, including fixed payroll expenses as well as the cost of a substitute if the driver(s) must be absent from regular driving duties. Drivers will be paid at a rate of \$10.00/hour (in increments of quarter hours). For overnight trips, drivers will receive \$100.00 for each day or part of a day plus room cost and meals (receipts must be kept). The sponsoring organization will also pay \$1.25 per mile for use of the bus. This is the <u>current</u> charge required by the state department.

Provision for meal expenses are as follows:

- If meals are provided for the students by the school or class/organization, the driver will be given opportunity to have a school-provided meal as well.
- If students bring their own meals ("sack lunch"), the driver will be asked to do the same.
- If the students purchase meals in route or at their activity, the driver's meal will be paid for by the class/organization.