

# Instructions for Completing a Trip Request

## Special Needs Trips Only

- Trip requests **will not be accepted without 10 working days** before the departure date.
- The earliest pick up time on a school day is 9:00 am and must return to school by 2:00 pm. Our primary purpose is transporting children to and from school. Exceptions to these times require the approval of the Director of Transportation.
- Contact information for the Trip Sponsor must be completed on the form. Please provide phone numbers to be used for **after school hours or during the trip.**
- Sponsor is responsible for providing directions if needed.
- We need the name of any students requiring a lift on the form.
- All trips may have up to 45 minutes administrative time (travel, pre-trip) beyond actual trip time.
- **No luggage, coolers, tables or glass objects are permitted on a bus with students.** Only small bags or instruments that fit in the students lap are permitted by State Law.
- Please indicate where you would like to load the bus; front door, gym, cafeteria, bus loop, etc.
- We will only do a Drop Off/Pick Up to **locations in Boone County.**
- You may be subject to additional time to clean the inside of the bus due to the condition of the bus at the end of the trip.
- You can Submit, Print, or Rest the form using the buttons at the bottom of the form.
- **DO NOT SEND ANYTHING THROUGH THE PONY.**
- See [Board Policy](#) 9.36 for more information

## Transportation Department Contacts

### Night/Weekend, Overnight, Special Needs, Preschool Trips

Kevin Sweeney, ext. 25224 or 384-5340

<mailto:kevin.sweeney@boone.kyschools.us>

### Day and Kindergarten Field Trips

Marsha Anderson, ext. 25202 or 384-5340

<mailto:marsha.anderson@boone.kyschools.us>

### Field Trip Supervisor

Lisa Adams, ext. 25201 or 384-5340

<mailto:lisa.adams@boone.kyschools.us>

# FIELD TRIP ESTIMATE WORKSHEET

## Field Trips Lasting Less Than 8 Hours

- Fill in all of the blue boxes.
- Round the Trip Time to the nearest 15 minutes.
- Trip Time must be entered as fraction of the hour for this page only (15 minutes = .25, 30 minutes = .50, and 45 minutes = .75).
- Use [google maps](#) to determine estimated round trip mileage.
- Administrative Time includes possible time for the driver to pre-trip the bus and travel to and from the school.
- Administrative Time is determined based on the time of the trip and may not be fully incurred.
- Additional time will be billed if the interior of the bus/buses require cleaning after the trip.
- Trips not returning to school by the designated return time will be billed for the additional time in 15 minute increments.
- A different route may be taken as we will be ensuring the route is accessible for a school bus.
- Estimate will always start with Administrative Time figured in.

A formal estimate will be sent to you approximately 2 weeks prior to the field trip. If you need any assistance, please contact [Kevin Sweeney](#) ext. 25224, [Marsha Anderson](#) ext. 25202 or call 859-384-5340.

Hourly Rate \_\_\_\_\_

Mileage Rate \_\_\_\_\_

Administrative Time \_\_\_\_\_

Trip Hours \_\_\_\_\_

Round Trip Mileage \_\_\_\_\_

### Estimated Cost

Hourly Fee \_\_\_\_\_

Mileage Fee \_\_\_\_\_

Per Bus Cost \_\_\_\_\_

# of Buses Requires \_\_\_\_\_

**Total Cost** \_\_\_\_\_

# Special Needs Field Trip Request Form

Please read the instructions before completing this form. If you have any questions, see the Transportation Department contact list at the bottom of the instruction form.

School Requesting Trip \_\_\_\_\_ Date of Request \_\_\_\_\_

Trip Sponsor \_\_\_\_\_ Sponsor Cell Phone \_\_\_\_\_

Destination Name \_\_\_\_\_ Date of Trip \_\_\_\_\_

Destination Phone \_\_\_\_\_

Destination Address \_\_\_\_\_

Destination Instructions \_\_\_\_\_

Function Type  Educational  Sports  Club  Other

Lift Bus needed \_\_\_\_\_

Loading Location at School \_\_\_\_\_

Loading Time at School \_\_\_\_\_ Departure Time from School \_\_\_\_\_

Loading Time at Event \_\_\_\_\_ Departure Time From Event \_\_\_\_\_

Return to School Time \_\_\_\_\_

Number of Teachers/Chaperones \_\_\_\_\_ Number of Students \_\_\_\_\_

Drop Off /Pick Up Requested \_\_\_\_\_ # Buses Requested \_\_\_\_\_

Additional Comments \_\_\_\_\_

## Trip Approved by;

Principal's Signature \_\_\_\_\_

PO Number \_\_\_\_\_

Students requiring Lift Bus

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### For Transportation Use Only

Date Received \_\_\_\_\_

Trip Number \_\_\_\_\_

Special Education Services Approval \_\_\_\_\_

Date Estimate Sent \_\_\_\_\_

Fax  Email

Date Assigned \_\_\_\_\_

Date Billed \_\_\_\_\_