



**GRANT PARISH SCHOOLS  
REQUEST FOR SCHOOL SPONSORED TRIP**



Date of Request \_\_\_\_\_ Person Completing Form \_\_\_\_\_  
(Request must be received at the central office 2 weeks prior to trip or request will be denied.)

School Name \_\_\_\_\_ Organization \_\_\_\_\_

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

Departure Date/Time \_\_\_\_\_ Return Date/Time \_\_\_\_\_

Purpose (circle one): Academic Athletic Band

Objective \_\_\_\_\_

Cost of trip per student \$ \_\_\_\_\_ Is lunch included in cost? \_\_\_\_\_ If not, what is the cost of lunch? \$ \_\_\_\_\_

Sponsor \_\_\_\_\_ Position/Title \_\_\_\_\_

Chaperons \_\_\_\_\_

Trained Medical Personnel \_\_\_\_\_

Trip Passengers: (enter #) \_\_\_\_\_ Adults \_\_\_\_\_ Students \_\_\_\_\_ Special Needs \_\_\_\_\_ Wheelchairs \_\_\_\_\_

Total Passengers \_\_\_\_\_ (A student roster must accompany this form.)

Miles Traveled (Round trip) \_\_\_\_\_ @ \$.85 per mile = \$ \_\_\_\_\_ to be paid to the Grant Parish School Board Transportation Department.

Bus Number \_\_\_\_\_ Bus Driver \_\_\_\_\_ Bus Driver Pay \_\_\_\_\_

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Driver(s) should be provided with student roster including emergency contact information.

Driver pay should be sent to the central office bookkeeping dept. with an additional 35% to cover employer costs.

**PLEASE COMPLETE PART B IF YOU ARE USING YOUR OWN VEHICLE.**

<b>PART B</b>	
Driver Name _____	
Driver's Insurance Carrier _____	
Driver must be at least twenty-one years of age. Driver must attach proof of insurance and a copy of valid drivers' license.	
The undersigned driver understands that his/her insurance is primary and will be held responsible for any liability resulting from this trip.	
_____ Driver's Signature	_____ Date

**APPROVAL**

\_\_\_\_\_  
(1) Sponsor's Signature

\_\_\_\_\_  
(2) Principal's Signature

\_\_\_\_\_  
(3) School Nurse Signature

\_\_\_\_\_  
(4) Special Ed. Supervisor Signature

\_\_\_\_\_  
(5) Transportation Manager Signature

\_\_\_\_\_  
(6) Superintendent's Signature

(Do not send to the central office without signatures 1, 2 and 3.)

To be completed by Transportation Dept.		
Request ID # _____	Invoice # _____	Payment Received _____
Trip ID # _____	Invoice Mailed _____	