

**Rockcastle County Board of Education  
Mt. Vernon, Kentucky**

**Pupil Transportation Department  
(Detailed Over Night Trip Itinerary)  
Effective January 1<sup>st</sup>, 2018**

SCHOOL \_\_\_\_\_

CLASS ACTIVITY \_\_\_\_\_

DATE OF TRIP \_\_\_\_\_

DESTINATION \_\_\_\_\_

DEPARTURE TIME \_\_\_\_\_

**STOP #1 (Location/Time)** \_\_\_\_\_

STOP #2 (If Necessary) (Location/Time) \_\_\_\_\_

STOP #3 (If Necessary) (Location/Time) \_\_\_\_\_

STOP #4 (If Necessary) (Location/Time) \_\_\_\_\_

STOP #5 (If Necessary) (Location/Time) \_\_\_\_\_

**RETURN TIME (End of Day/End of Trip)** \_\_\_\_\_

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Driver (print name)

\_\_\_\_\_  
Coach/Sponsor Signature

\_\_\_\_\_  
Coach/Sponsor (print name)

- **Fill out 1 form for each day of the overnight trip**
- **Hourly wage only applies from departure time to arrival at first stop (gymnasium, hotel, conference center, etc.) in destination city, and on the final day from Noon until arrival time back at the home school. Any remaining times are covered under the \$100 overnight pay.**
- **This form is to be filled out in addition to the Trip-Mileage-Form**