

STUDENTS

09.36 AP.21

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.

SCHOOL LCHS Track Team FACULTY MEMBER(S) SPONSORING TRIP Coach Tamra Clinger
(Class A State Track Meet)

DESTINATION Lexington Ky @ U.K ADDRESS _____ PHONE _____

☒ Out of State or over 149 mile radius (requires Superintendent or Board approval)

☒ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP May 19-20, 2017 DEPARTURE TIME 10:00 ^{19th} A.M. RETURN TIME 6:00 ^{20th} P.M.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY Athletics

NUMBER OF: STUDENTS TBD FACULTY SPONSORS 2 OTHER CHAPERONES _____
(3) TOTAL # OF PARTICIPANTS 5

MODE OF TRANSPORTATION

TBD ☐ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____

☒ DISTRICT OWNED VEHICLE(S) (SPECIFY) SUBURBAN

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.) _____

Track Meet: Athletics

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36

Tamra Clinger
Signature of Faculty Sponsor

3/14/17
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Scott Perry
Signature of Superintendent/Designee

3/14/17
5/17/17
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.

RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised:9/12/2016

STUDENTS

09.36 AP.21

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Melissa Dean
LCHS Volleyball Team Camp
DESTINATION Austin Peay ADDRESS Clarksville, TN PHONE 931-221-7661
☒ Out of State or over 149 mile radius (requires Superintendent or Board approval)
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP July 25-27 DEPARTURE TIME 8 AM RETURN TIME 7 PM

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____

NUMBER OF: STUDENTS 16 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 18

MODE OF TRANSPORTATION

☐ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____

☒ DISTRICT OWNED VEHICLE(S) (SPECIFY) Suburban

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.)
Volleyball Boosters

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36

Melissa Dean

Signature of Faculty Sponsor

4/28/2017

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

5/1/17
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.

RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised: 9/12/2016

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Stephanie Weldon
Betty Williams

DESTINATION Eastern Ky University ADDRESS Richmond, KY PHONE (859) 622-1000

☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)
☒ Overnight; give name, address, phone of lodging EKU campus
521 Lancaster Ave Richmond, KY 40475

DATE(S) OF TRIP June 2-4 DEPARTURE TIME 12:00pm RETURN TIME 12:00am

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
 SPECIFY Livingston County Special Olympics

NUMBER OF: STUDENTS 11 FACULTY SPONSORS 2 OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS 13

MODE OF TRANSPORTATION

- ☐ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____
☒ DISTRICT OWNED VEHICLE(S) (SPECIFY) Special Ed Van + Suburban
☐ CERTIFICATED COMMON CARRIER; SPECIFY _____
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.) _____

Livingston County Special Olympics

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36

Stephanie Weldon
 Signature of Faculty Sponsor

4/26/17
 Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Scott Prange
12
 Signature of Superintendent/Designee

4/30/17
5/1/17
 Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.

RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised: 9/12/2016

STUDENTS

09.36 AP.21

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.

SCHOOL SLES FACULTY MEMBER(S) SPONSORING TRIP TINA SCHEER/MRA
DESTINATION LUCKY STRIKE LANES ADDRESS 201 NORTHFIELD, PRINCETON, KY PHONE 270-365-5376

- ☐ Out of State or over 149 mile radius
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP JUNE 3RD, 2017 DEPARTURE TIME 10:30 AM RETURN TIME 3:00PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY 21ST CCLC/MRA

NUMBER OF: STUDENTS 41 FACULTY SPONSORS 9 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 50

MODE OF TRANSPORTATION

- ☒ DISTRICT OWNED BUS (SPECIFY # NEEDED) 1 LUGGAGE CARRIER? (SPECIFY) _____
☐ DISTRICT OWNED VEHICLE(S) (SPECIFY) _____
☐ CERTIFICATED COMMON CARRIER; SPECIFY _____
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36

Tina A. Scheer
Signature of Faculty Sponsor

May 3, 2017
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

May Jumper
Signature of Superintendent/Designee

5-4-17
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.

RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised:7/11/2016

STUDENTS

09.36 AP.21

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.

SCHOOL NILES FACULTY MEMBER(S) SPONSORING TRIP 21st CCIC/NSA
DESTINATION BEN E. CLEMENTS MUSEUM ADDRESS 205 N. Walter PHONE 270-965-4263
Madison Ky
☐ Out of State or over 149 mile radius
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP June 10th, 2017 DEPARTURE TIME 9:30 AM RETURN TIME 2:30 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY 21st CCIC/NSA

NUMBER OF: STUDENTS APPROX 50 FACULTY SPONSORS _____ OTHER CHAPERONES _____
(TBD) TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

☒ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____
☐ DISTRICT OWNED VEHICLE(S) (SPECIFY) _____
☐ CERTIFICATED COMMON CARRIER; SPECIFY _____
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36

Sina Lawless, NSA Coordination
Signature of Faculty Sponsor

May 4, 2017
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

May [Signature]
Signature of Superintendent/Designee

5-5-17
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.

RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised: 7/11/2016

STUDENTS

09.36 AP.21

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.

SCHOOL NLES FACULTY MEMBER(S) SPONSORING TRIP 21st CCJC / NSA
DESTINATION Crittenden Co. Airport ADDRESS 500 Airport Rd PHONE 270-965-4242
Marion, KY
☐ Out of State or over 149 mile radius
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP May 31, 2017 DEPARTURE TIME 10:00 Am RETURN TIME 1:45 pm
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY 21st CCJC / NSA

NUMBER OF: STUDENTS _____ FACULTY SPONSORS _____ OTHER CHAPERONES _____
TBD TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

- ☒ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____
☐ DISTRICT OWNED VEHICLE(S) (SPECIFY) _____
☐ CERTIFICATED COMMON CARRIER; SPECIFY _____
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

NLES CERTIFIED / CLASSIFIED STAFF (ALESCIA Wilson / Tina Lawless)
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36

Ang Gaudin, NSA Coordinator May 4, 2017
Signature of Faculty Sponsor Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

May 5, 2017
Signature of Superintendent/Designee Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.

RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised: 7/11/2016

STUDENTS

09.36 AP.21

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.

SCHOOL NLES FACULTY MEMBER(S) SPONSORING TRIP 21st CCLC
DESTINATION LIV. CO. EXTENSION OFFICE ADDRESS 803 US 60 W PHONE 270 928 2168
Smithland Ky 42081

☐ Out of State or over 149 mile radius

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP June 7, 2017 DEPARTURE TIME 10:00 AM RETURN TIME 1:45 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY 21st CCLC/NSA

NUMBER OF STUDENTS _____ FACULTY SPONSORS NSA STAFF OTHER CHAPERONES _____
(TBD) TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

☒ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____

☐ DISTRICT OWNED VEHICLE(S) (SPECIFY) _____

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)
NLES Certified/Classified staff (Alescia Wilson/Tina Lawless)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36

Jana Lawless NSA Coordinator May 4, 2017
Signature of Faculty Sponsor Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Man [Signature] 5-5-17
Signature of Superintendent/Designee Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.

RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised: 7/11/2016

STUDENTS

09.36 AP.21

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.

SCHOOL NLES FACULTY MEMBER(S) SPONSORING TRIP 21st CCIC/NSA
DESTINATION Liv. Co. Library ADDRESS 321 Court St PHONE 270-928-4100
Smithland Ky
☐ Out of State or over 149 mile radius
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP June 2, 2017 DEPARTURE TIME 11:30 Am RETURN TIME 1:30 Pm
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY 21st CCIC/NSA

NUMBER OF: STUDENTS _____ FACULTY SPONSORS _____ OTHER CHAPERONES _____
(700) TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

- ☒ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) Ø
☐ DISTRICT OWNED VEHICLE(S) (SPECIFY) _____
☐ CERTIFICATED COMMON CARRIER; SPECIFY _____
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

NLES/Certified Classified Staff (Alescia Wilson + Tina Lawless)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36

Tina Lawless, NSA Coordinator
Signature of Faculty Sponsor

May 4, 2017
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

May Jimmy
Signature of Superintendent/Designee

5-5-17
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.

RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised:7/11/2016

STUDENTS

09.36 AP.21

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.

SCHOOL NLES FACULTY MEMBER(S) SPONSORING TRIP 21st CCLC / NSA
DESTINATION LIV. CO. LIBRARY ADDRESS 321 Court Street PHONE 270-928-4100
Smithland Ky
☐ Out of State or over 149 mile radius
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP June 11, 2017 DEPARTURE TIME 11:30 Am RETURN TIME 1:30 Pm
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY 21st CCLC / NSA

NUMBER OF: STUDENTS _____ FACULTY SPONSORS _____ OTHER CHAPERONES _____
TBD TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

- ☒ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____
☐ DISTRICT OWNED VEHICLE(S) (SPECIFY) _____
☐ CERTIFICATED COMMON CARRIER; SPECIFY _____
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

NLES CERTIFIED / CLASSIFIED Staff CALESCIA Wilson / Tina Lupton
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36

Jana Gwless NSA Coordinator May 4, 2017
Signature of Faculty Sponsor Date

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Mary Danner</u> Signature of Superintendent/Designee	<u>5-5-17</u> Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.	

RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised: 7/11/2016

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP CBWTP
DESTINATION _____ ADDRESS _____ PHONE _____☐ Out of State or over 149 mile radius☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP May 2017 DEPARTURE TIME _____ RETURN TIME _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY Special EdNUMBER OF: STUDENTS 15 FACULTY SPONSORS _____ OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

☐ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____☒ DISTRICT OWNED VEHICLE(S) (SPECIFY) Special Ed Van☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36

Trish Lim
Signature of Faculty Sponsor5/1/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____*Sam Garrett*
Signature of Superintendent/Designee5/1/17
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.

RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised:7/11/2016

STUDENTS

09.36 AP.21

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.

SCHOOL LCMS FACULTY MEMBER(S) SPONSORING TRIP Ozone (Malinda Jones)
DESTINATION WKCTC ADDRESS 4810 Alben Barkley Dr. PHONE (270) 554-9200
Paducah, KY

☐ Out of State or over 149 mile radius

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Friday, June 9, 2017 DEPARTURE TIME 8:30 am RETURN TIME 2:00 pm

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY 21st Century Community Learning Centers Grant Funds

NUMBER OF: STUDENTS 50 FACULTY SPONSORS 1 OTHER CHAPERONES 5

TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

☐ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____

☐ DISTRICT OWNED VEHICLE(S) (SPECIFY) _____

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☐ Yes ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36

Malinda K Jones
Signature of Faculty Sponsor

05/08/17
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Man Dunning
Signature of Superintendent/Designee

5-8-17
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.

RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised: 7/11/2016

STUDENTS

09.36 AP.21

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.

SCHOOL LCMS FACULTY MEMBER(S) SPONSORING TRIP Ozone (Malinda Jones)
DESTINATION Murray State University ADDRESS Curris Center, Cs-1075, PHONE (270) 809-6921
Murray, KY 42071

☐ Out of State or over 149 mile radius

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Friday, June 16, 2017 DEPARTURE TIME 8:30 am RETURN TIME 2:00 pm

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY 21st Century Community Learning Centers Grant Funds

NUMBER OF: STUDENTS 50 FACULTY SPONSORS 1 OTHER CHAPERONES 5

TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

☒ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____

☐ DISTRICT OWNED VEHICLE(S) (SPECIFY) _____

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☐ Yes ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36

Malinda K. Jones
Signature of Faculty Sponsor

05/08/17
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Malinda K. Jones
Signature of Superintendent/Designee

5-8-17
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.

RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised:7/11/2016

STUDENTS

09.36 AP.21

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP. Stacy

SCHOOL Elementary + Middle FACULTY MEMBER(S) SPONSORING TRIP Turner

DESTINATION 4H Camp ADDRESS 600 4H Camp Road Dawson Springs KY PHONE 270-797-875

☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 6/6/17 & 6/9/17 DEPARTURE TIME 9:30 (6/6/17) RETURN TIME 2:30 (6/9/17)

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY 4-H Camp

NUMBER OF: STUDENTS 45 FACULTY SPONSORS 1 OTHER CHAPERONES 0

TOTAL # OF PARTICIPANTS 46

MODE OF TRANSPORTATION

☒ DISTRICT OWNED BUS (SPECIFY # NEEDED) 1 LUGGAGE CARRIER? (SPECIFY) _____

☐ DISTRICT OWNED VEHICLE(S) (SPECIFY) _____

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36.

X Stacy Turner 5/22/17
(Signature of Faculty Sponsor) Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Becky Dunning
(Signature of Superintendent/Designee)

5-23-17
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.

RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised: 9/12/2016

* Take kids up to Dawson Springs on 6/6 and return for them on 6/9