

**School-Related Student Trip & Vehicle Request Form**

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

SCHOOL Livingston Central HS FACULTY MEMBER(S) SPONSORING TRIP Bill McNamara - Head Coach Boys Basketball

DESTINATION Fulton City H.S. 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 6-23-2017 DEPARTURE TIME 8:00 AM RETURN TIME 4:00 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 \_\_\_\_\_

NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 17

**MODE OF TRANSPORTATION**

- DISTRICT OWNED BUS (SPECIFY # NEEDED) \_\_\_\_\_ LUGGAGE CARRIER? (SPECIFY) \_\_\_\_\_
- DISTRICT OWNED VEHICLE(S) (SPECIFY) 16 suburban '04 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.) \_\_\_\_\_

**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

Bill McNamara  
Signature of Faculty Sponsor

6-20-17  
Date

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Scott Gray</u> Signature of Superintendent/Designee	<u>6/20/17</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: 9/12/2016