

School-Related Student Trip & Vehicle Request Form

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

SCHOOL Lumberton Co Middle School FACULTY MEMBER(S) SPONSORING TRIP Jessie Quintanilla

DESTINATION Lyon Co / Lees Ferry Park ADDRESS Esplanade Wy 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 8-15-17 DEPARTURE TIME 4:15 pm RETURN TIME 8:00 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 LONG JR. Scholars Club

NUMBER OF: STUDENTS 17 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 18

## 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) \_\_\_\_\_

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

INVOICED AT THE END OF THE MONTH

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

Jessie Quintanilla  
Signature of Faculty Sponsor

8-10-17  
Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

Bobby Lane  
Signature of Superintendent/Designee

8-10-17  
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 Larveston Co Middle School FACULTY MEMBER(S) SPONSORING TRIP James Chivers

DESTINATION Reynolds MS Bristol Va. ADDRESS Reynolds Ky 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 8-19-17 DEPARTURE TIME 10:00 am RETURN TIME 5:00 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 LCMS JR Sponsors Club

NUMBER OF: STUDENTS 17 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 18

**MODE OF TRANSPORTATION**

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☐ DISTRICT OWNED VEHICLE(S) (SPECIFY) \_\_\_\_\_

☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_

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

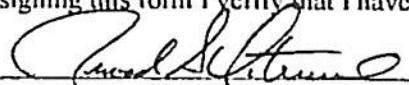
METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.) \_\_\_\_\_

INVOICE AT THE END OF THE MONTH

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

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Signature of Faculty Sponsor

8-10-17  
Date

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Signature of Superintendent/Designee

8-10-17  
Date

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