School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Moddux
DESTINATION Sun Valley Golf (Swill ADDRESS (6685 Bolong La PHONE (502) 937-922 Out of State or over 149 mile radius (requires Superintendent of Board approval) Overnight; give name, address, phone of lodging
DATE(S) OF TRIP 8/26/2017 DEPARTURE TIME 3:00 pm RETURN TIME 9:00 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 5 faculty sponsors / other chaperones Total # of Participants
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.) Golf Bowters
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
Stuplen 11/12017
Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval
Jean Play 12/17 8/9/17
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)

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL LIVINGSTON CENTRAL HIGH FACULTY MEMBER(S) SPONSORING TRIP ROBERT SCHMITT NATIONAL FARM MACHINERY SHOW DESTINATION KY EXPO AND FAIRGROUNDS ADDRESS LOUISVILLE, KY PHONE 331-0913
X OUT OF STATE OR OVER 149 MILE RADIUS (REQUIRES SUPERINTENDENT OR BOARD APPROVAL)
☐ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP FEB 16, 2018 DEPARTURE TIME 8 AM RETURN TIME 1 AM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:X \square SPONSORING ORGANIZATION X \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY FFA AND SBDM
NUMBER OF: STUDENTS 40 FACULTY SPONSORS 1 OTHER CHAPERONES 1
TOTAL # OF PARTICIPANTS 42
MODE OF TRANSPORTATION X□ 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.)
Perkins, SBDM, and FFA
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? $X\square$ Yes \square No
By signing this form I verify that I have read and comply with Board Policy 09.36
8/2/19
Signature of Faculty Sponsor Date
Trip has been Approved Asapproved. Reason for disapproval
2004 Dias 8/4/12
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)

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL <u>LIVINGSTON CENTRAL HIGH</u> FACULTY MEMBER(S) SPONSORING TRIP <u>ROBERT SCHMITT</u> NORTH AMERICAN LIVESTOCK SHOW AND RODEO
DESTINATION KY EXPO AND FAIRGROUNDS ADDRESS LOUISVILLE, KY PHONE 331-0913
X□ OUT OF STATE OR OVER 149 MILE RADIUS (REQUIRES SUPERINTENDENT OR BOARD APPROVAL) □ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP NOV 11, 2017 DEPARTURE TIME 9 AM RETURN TIME 1 AM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:X \square SPONSORING ORGANIZATION X \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY FFA AND SBDM
NUMBER OF: STUDENTS 40 FACULTY SPONSORS 1 OTHER CHAPERONES 1
TOTAL# OF PARTICIPANTS 42
MODE OF TRANSPORTATION X□ 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.)
Perkins, SBDM, and FFA
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? $X\square$ Yes \square No
By signing this form I verify that I have read and comply with Board Policy 09.36
Moles Alla
Signature of Faculty Sponsor Date
Trip has been sapproved ☐ disapproved Reason for disapproval
Jan 21412
1 2 8/7/17
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)



SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL <u>LIVINGSTON CENTRAL HIGH</u> FACULTY MEMBER(S) SPONSORING TRIP <u>ROBERT SCHMITT</u>
DESTINATION NATIONAL CONVENTION INDIANAPOLIS ADRESS PHONE
x□ Out of State or over 149 mile radius (requires Superintendent or Board approval) x□ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP 10/24/17 TO 10/27 DEPARTURE TIME 4 PM RETURN TIME 7 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: X \square Sponsoring organization X \square school council \square board \square other, specify
NUMBER OF: STUDENTS 16 FACULTY SPONSORS 1 OTHER CHAPERONES 2 TOTAL # OF PARTICIPANTS 19
MODE OF TRANSPORTATION X□ 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.)
FFA, SBDM
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? $X \square Yes \square No$
By signing this form I verify that I have read and comply with Board Policy 09.36
12/19/5/h. F. 7-19-17
Signature of Faculty Sponsor Date
Trip has been Approved Laisapproved. Reason for disapproval
7/18/17
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)



SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL <u>LIVINGSTON CENTRAL HIGH</u> FACULTY MEMBER(S) SPONSORING TRIP <u>ROBERT SCHMITT</u>
DESTINATION STATE FAIR LOUISVILLE ADRESS PHONE
Out of State or over 149 mile radius (requires Superintendent or Board approval) x Overnight; give name, address, phone of lodging
DATE(S) OF TRIP 8/17/17 TO 8/19 DEPARTURE TIME 7 AM RETURN TIME 7 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: $X\square$ SPONSORING ORGANIZATION $X\square$ SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY
NUMBER OF: STUDENTS 16 FACULTY SPONSORS 1 OTHER CHAPERONES 2 TOTAL # OF PARTICIPANTS 19
MODE OF TRANSPORTATION X□ 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.)
FFA, SBDM
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? $X \square Yes \square No$
By signing this form I verify that I have read and comply with Board Policy 09.36
Halest J. Solnto 7/19/17 Signature of Faculty Sponsor Date
Trip has been approved a disapproved. Reason for disapproval 7/19/17
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)

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL <u>LIVINGSTON CENTRAL HIGH</u> FACULTY MEMBER(S) SPONSORING TRIP <u>ROBERT SCHMITT</u> RISING SUN CONFERENCE
DESTINATION FFA CAMP ADDRESS HARDINSBURG, KY PHONE 756-2301
☐ OUT OF STATE OR OVER 149 MILE RADIUS (REQUIRES SUPERINTENDENT OR BOARD APPROVAL)
X□ Overnight; give name, address, phone of lodging <u>FFA Camp Hardinsburg, KY</u>
DATE(S) OF TRIP SEPT 8-9, 2017 DEPARTURE TIME 3:30 PM RETURN TIME 4 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:X \square SPONSORING ORGANIZATION X \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY FFA AND SBDM
NUMBER OF: STUDENTS 2 FACULTY SPONSORS 1 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 3
MODE OF TRANSPORTATION □ DISTRICT OWNED BUS (SPECIFY # NEEDED) LUGGAGE CARRIER? (SPECIFY)
X 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.)
Perkins, SBDM, and FFA
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? X□ Yes □ No
By signing this form I verify that I have read and comply with Board Policy 09.36
Ab 2 Silva 3/3/12
Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval
- Scatt Play 8/4/17
8/7/17
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)



SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL <u>LIVINGSTON CENTRAL HIGH</u> FACULTY MEMBER(S) SPONSORING TRIP <u>ROBERT SCHMITT</u> REGIONAL FFA FIELD DAY AND CDE'S
DESTINATION MURRAY STATE UNIVERSITY ADDRESS MURRAY, KY PHONE 809-3327
□ OUT OF STATE OR OVER 149 MILE RADIUS (REQUIRES SUPERINTENDENT OR BOARD APPROVAL)
☐ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP APRIL 18, 2018 DEPARTURE TIME 7:50 AM RETURN TIME 245 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:X \square Sponsoring organization X \square School council \square board \square other, specify <u>FFA and SBDM</u>
NUMBER OF: STUDENTS 40 FACULTY SPONSORS 1 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 41
MODE OF TRANSPORTATION X□ 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.)
Perkins, SBDM, and FFA
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? $X\square$ Yes \square No
By signing this form I verify that I have read and comply with Board Policy 09.36
- Robert Schot 3/3/17
Signature of Faculty Sponsor Date
Trip has been papproved Lisapproved. Reason for disapproval
Lest Prous 8/4/17
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.
Description Description

RELATED PROCEDURES:

09.36 (All procedures)

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL <u>LIVINGSTON CENTRAL HIGH</u> FACULTY MEMBER(S) SPONSORING TRIP <u>ROBERT SCHMITT</u> REGIONAL FFA SPEAKING DAY AND BANQUET
DESTINATION MURRAY STATE UNIVERSITY ADDRESS MURRAY, KY PHONE 809-3327
☐ OUT OF STATE OR OVER 149 MILE RADIUS (REQUIRES SUPERINTENDENT OR BOARD APPROVAL)
☐ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP MARCH 29, 2018 DEPARTURE TIME 8:30 AM RETURN TIME 9 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:X \square SPONSORING ORGANIZATION X \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY FFA AND SBDM
NUMBER OF: STUDENTS 30 FACULTY SPONSORS 1 OTHER CHAPERONES 0
TOTAL# OF PARTICIPANTS 31
MODE OF TRANSPORTATION X□ 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.)
Perkins, SBDM, and FFA
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? X□ Yes □ No
By signing this form I verify that I have read and comply with Board Policy 09.36
- hole for hut 3/3/17
Signature of Faculty Sponsor Date
Trip has been 🗗 approved 🗆 disapproved. Reason for disapproval
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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.
Description of the control of the co

RELATED PROCEDURES:

09.36 (All procedures)

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL <u>LIVINGSTON CENTRAL HIGH</u> FACULTY MEMBER(S) SPONSORING TRIP <u>ROBERT SCHMITT</u> REGIONAL PAPERWORK AND OFFICER ELECTION
DESTINATION MARSHALL CO HIGH ADDRESS DRAFFENVILLE, KY PHONE 3310913
☐ OUT OF STATE OR OVER 149 MILE RADIUS (REQUIRES SUPERINTENDENT OR BOARD APPROVAL)
☐ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP MARCH 13, 2018 DEPARTURE TIME 3:00 PM RETURN TIME 9 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:X \square SPONSORING ORGANIZATION X \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY FFA AND SBDM
NUMBER OF: STUDENTS 4 FACULTY SPONSORS 1 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 5
MODE OF TRANSPORTATION □ DISTRICT OWNED BUS (SPECIFY # NEEDED)LUGGAGE CARRIER? (SPECIFY)
X 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.)
Perkins, SBDM, and FFA
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? X□ Yes □ No
By signing this form I verify that I have read and comply with Board Policy 09.36
Melet Schut 8/3/17
Signature of Faculty Sponsor Date
Trip has been Sapp roved □ disapproved. Reason for disapproval
/ alt fray 8/4/17
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)

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL LIVINGSTON CENTRAL HIGH FACULTY MEMBER(S) SPONSORING TRIP ROBERT SCHMITT REGIONAL AG SALES, AG EMPLOYABILITY, AND CREED INVITATION CDE
DESTINATION MURRAY STATE UNIVERSITY ADDRESS MURRAY, KY PHONE 809-3327
☐ OUT OF STATE OR OVER 149 MILE RADIUS (REQUIRES SUPERINTENDENT OR BOARD APPROVAL)
☐ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP NOV 17, 2017 DEPARTURE TIME 7:50 AM RETURN TIME 2:45 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:X \square SPONSORING ORGANIZATION X \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY FFA AND SBDM
NUMBER OF: STUDENTS 12 FACULTY SPONSORS 1 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 13
MODE OF TRANSPORTATION X□ 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.)
Perkins, SBDM, and FFA
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? $X\square$ Yes \square No
By signing this form I verify that I have read and comply with Board Policy 09.36
- Robert solched 8/3/17
Signature of Faculty Sponsor Date
Trip has been ☐ approved ☐ disapproved. Reason for disapproval
- 1 may 0/4/11
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)

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL LIVINGSTON CENTRAL HIGH FACULTY MEMBER(S) SPONSORING TRIP ROBERT SCHMITT STATE HORSE JUDGING, HORSEMANHIP AND VET SCIENCE CDE DESTINATION MURRAY STATE UNIVERSITY ADDRESS MURRAY, KY PHONE 809-3327
□ OUT OF STATE OR OVER 149 MILE RADIUS (REQUIRES SUPERINTENDENT OR BOARD APPROVAL)
☐ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP NOV 15, 2017 DEPARTURE TIME 7:50 AM RETURN TIME 2:45 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:X \square SPONSORING ORGANIZATION X \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY FFA AND SBDM
NUMBER OF: STUDENTS 12 FACULTY SPONSORS 1 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 13
MODE OF TRANSPORTATION X□ 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.)
Perkins, SBDM, and FFA
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? $X\square$ Yes \square No
By signing this form I verify that I have read and comply with Board Policy 09.36
Nobert School 8/3/17
Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval
- 8/4/17
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)

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL LIVINGSTON CENTRAL HIGH FACULTY MEMBER(S) SPONSORING TRIP ROBERT SCHMITT REGIONAL LAND JUDGING CDE
DESTINATION MURRAY STATE UNIVERSITY ADDRESS MURRAY, KY PHONE 809-3327
☐ OUT OF STATE OR OVER 149 MILE RADIUS (REQUIRES SUPERINTENDENT OR BOARD APPROVAL)
☐ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP SEPT 26, 2017 DEPARTURE TIME 7:50 AM RETURN TIME 2:45
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:X \square SPONSORING ORGANIZATION X \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY FFA AND SBDM
NUMBER OF: STUDENTS 4 FACULTY SPONSORS 1 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 5
MODE OF TRANSPORTATION ☐ DISTRICT OWNED BUS (SPECIFY # NEEDED) LUGGAGE CARRIER? (SPECIFY)
X 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.)
Perkins, SBDM, and FFA
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? $X\square$ Yes \square No
By signing this form I verify that I have read and comply with Board Policy 09.36
Adust Ilx
Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval
Death Pray 8/4/17
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:

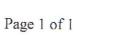
09.36 (All procedures)



SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL <u>LIVINGSTON CENTRAL HIGH</u> FACULTY MEMBER(S) SPONSORING TRIP <u>ROBERT SCHMITT</u> RACER ROUNDUP LEADERSHIP CONFERENCE AND SENIOR SEMINAR
DESTINATION MURRAY STATE UNIVERSITY ADDRESS MURRAY, KY PHONE 809-3327
□ OUT OF STATE OR OVER 149 MILE RADIUS (REQUIRES SUPERINTENDENT OR BOARD APPROVAL)
☐ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP SEPT 15, 2017 DEPARTURE TIME 7:50 AM RETURN TIME 2:45 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:X \square Sponsoring organization X \square school council \square board \square other, specify <u>FFA and SBDM</u>
NUMBER OF: STUDENTS 30 FACULTY SPONSORS 1 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 31
MODE OF TRANSPORTATION X□ 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.)
Perkins, SBDM, and FFA
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? $X\square$ Yes \square No
By signing this form I verify that I have read and comply with Board Policy 09.36
Relig Shot 3/3/12
Signature of Faculty Sponsor Date
Trip has been approved Disapproved. Reason for disapproval
ents Pins
3/1/11
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)



SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL <u>LIVINGSTON CENTRAL HIGH</u> FACULTY MEMBER(S) SPONSORING TRIP <u>ROBERT SCHMITT</u> AND ZEKE BERG CONSTRUCTION DAY
DESTINATION MURRAY STATE UNIVERSITY ADDRESS MURRAY, KY PHONE 809-3327
☐ OUT OF STATE OR OVER 149 MILE RADIUS (REQUIRES SUPERINTENDENT OR BOARD APPROVAL)
☐ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP SEPT 14, 2017 DEPARTURE TIME 7:50 AM RETURN TIME 2:45 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:X \square SPONSORING ORGANIZATION X \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY AGC OF WESTERN KENTUCKY
Number of: students 70 FACULTY SPONSORS 2 OTHER CHAPERONES 2
TOTAL # OF PARTICIPANTS 74
MODE OF TRANSPORTATION X□ DISTRICT OWNED BUS (SPECIFY # NEEDED) 2 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.)
AGC of Western Kentucky
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? $X\square$ Yes \square No
By signing this form I verify that I have read and comply with Board Policy 09.36
Militabelite 8/3/17
Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval
Jest Play 8/4/17
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)

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL <u>LIVINGSTON CENTRAL HIGH</u> FACULTY MEMBER(S) SPONSORING TRIP <u>ROBERT SCHMITT</u>
DESTINATION WKU EXPO BOWLING GREEN ADRESS 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 7/21/17 DEPARTURE TIME 615 AM RETURN TIME 7 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: X \square Sponsoring organization X \square school council \square board \square other, specify
NUMBER OF: STUDENTS 12 FACULTY SPONSORS 1 OTHER CHAPERONES TOTAL # OF PARTICIPANTS 11
MODE OF TRANSPORTATION X□ 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.)
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
July 5 ch. # 7-19-17
Signature of Faculty Sponsor Date
Trip has been Approved Octsapproved. Reason for disapproval 7/15/17
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:9/12/2016
Review/Revised:9/12/2016

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.	
SCHOOL LCMS FACULTY MEMBER(S) SPONSORING TRIP COSITY DESTINATION MATS ADDRESS PHONE	Rai
☐ Out of State or over 149 mile radius	
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 7 26 — 7 78 DEPARTURE TIME 8:30 RETURN TIME 4 NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OT SPECIFY	HER,
NUMBER OF: STUDENTS OTHER CHAPERONES OTHER CHAPERONES	_
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 principal/designee to supervise students? ☐ Yes ☐ No	the
By signing this form I verify that I have read and comply with Board Policy 09.36	
Chosit Ran 1-25-17	
Signature of Faculty Sponsor Date	-
Trip has been ☐ approved ☐ disapproved. Reason for disapproval	
Robert =	-
Signature of Superintendent/Designee 7-75-/7	_
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.3	36.

RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised:7/11/2016

Submit this form five (5) days prior to the trip.
SCHOOL LINESCON CO PLANE SCHOOL FACULTY MEMBER(S) SPONSORING TRIP JOERS QUICETTEMAS
DESTINATION MARSHAU G HZEN SCHOOL 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 5-5-17 DEPARTURE TIME 9:45 Am RETURN TIME 4:30 am
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY (20206570) C MS JR SEASOND GLOS
NUMBER OF: STUDENTS /S FACULTY SPONSORS / OTHER CHAPERONES
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.)
MONTHLY INVOZCE FOR BODSTOR CHURS
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?
By signing this form I verify that I have read and comply with Board Policy 09.36
(sul Selten 0 7-31-17
Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval
Boby your 8-2-17
Signature of Superintendent/Designec 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)

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL LOS FACULTY MEMBER(S) SPONSORING TRIP Malday
DESTINATION Princeton Company Club Address 16015 Jefferson St 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 9/4/17 DEPARTURE TIME RETURN TIME
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: \square SPONSORING ORGANIZATION \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY
Number of: students 7 faculty sponsors 0 other chaperones Total # of Participants 8
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.)
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? \square Yes \square No
By signing this form I verify that I have read and comply with Board Policy 09.36
Signature of Faculty Sponsor Date
Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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.
101 Overhight and/of oge-of-state trips, approval of the dupermendent and/of Board may be required by 1 one; 50.50.

RELATED PROCEDURES:

09.36 (All procedures)

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL
DESTINATION Color City Contry Club ADDRESS (southy Club Dr 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 9/1/17 - 9/2/17 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
NUMBER OF: STUDENTS 7 FACULTY SPONSORS 1 OTHER CHAPERONES TOTAL # OF PARTICIPANTS 5 MODE OF TRANSPORTATION
☐ DISTRICT OWNED BUS (SPECIFY # NEEDED) LUGGAGE CARRIER? (SPECIFY)
DISTRICT OWNED VEHICLE(S) (SPECIFY) Subwben
☐ 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
Signature of Faculty Sponsor 7/20/17 Date
Trip has been Approved disapproved. Reason for disapproval
8/3/17
Signature of Superinterdent/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:9/12/2016

V :7

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL <u>LCH5</u> FACULTY MEMBER(S) SPONSORING TRIP <u>Maddux</u>
DESTINATION AMD Head ADDRESS 183 Amouheed Club Pr PHONE
☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)
☐ Overnight; give name, address, phone of lodging
(11)
DATE(S) OF TRIP_8/24/17 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
Number of: students faculty sponsors other chaperones Total # of Participants other chaperones
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.)
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
Street 11/117
Strephen Model 7/17/17 Signature of Faculty Sponsor Date
Trip has been 🖸 approved 🗍 isapproved. Reason for disapproval
Scott Dray 8/3/17
Signature & Surantinadari/Designar
Signaçare of Supermenuenv 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)

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL FACULTY MEMBER(S) SPONSORING TRIP
DESTINATION Balled County Country Clas ADDRESS 2145 La Center Rol PHONE Dut of State or over 149 mile radius (requires Superintendent or Board approval)
☐ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP \$\frac{\sqrt{18}}{7} + \frac{\sqrt{19}}{7} DEPARTURE TIME RETURN TIME
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: \square SPONSORING ORGANIZATION \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY
Number of: students 5 faculty sponsors / other chaperones Total # of Participants 6
MODE OF TRANSPORTATION □ DISTRICT OWNED BUS (SPECIFY # NEEDED) LUGGAGE CARRIER? (SPECIFY)
DISTRICT OWNED VEHICLE(S) (SPECIFY) Subur bar
☐ 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
Stuphen World
Signature of Faculty Sponsor Date
Trip has been 🗵 approved 🖸 disapproved. Reason for disapproval
1 cost, Pm, 8/3/11
7-17-17
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.
D

09.36 (All procedures)

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.	
SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Madduy	
DESTINATION Mayfield Cowny Club ADDRESS (30) W Broadway MyhellPHONE	
☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)	
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 8/17/17 DEPARTURE TIME RETURN TIME	Maring the Control of
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.	
BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OSPECIFY	THER,
NUMBER OF: STUDENTS FACULTY SPONSORS OTHER CHAPERONES TOTAL # OF PARTICIPANTS	
MODE OF TRANSPORTATION □ DISTRICT OWNED BUS (SPECIFY # NEEDED) LUGGAGE CARRIER? (SPECIFY)	
DISTRICT OWNED VEHICLE(S) (SPECIFY) Sububan	
☐ 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 principal/designee to supervise students? ☐ Yes ☐ No	y the
By signing this form I verify that I have read and comply with Board Policy 09.36	
Stephen Madely 7/17/17	
Signature of Faculty Sponsor Date	
Trip has been Capproved disapproved. Reason for disapproval	
8/3/17	
7-17-17	
Signature of Superintensent/Designee For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 0	9.36.

RELATED PROCEDURES:

09.36 (All procedures)



SCHOOLCHSFACULTY MEMBER(S) SPONSORING TRIPMaddax
SCHOOL / CHS
FACULTY MEMBER(S) SPONSORING TRIP / Waddux
DESTINATION Daks Country Club ADDRESS 363 Daks (Soutry Club K) PHONE Out of State or over 149 mile radius (requires Superintendent of Board approval) Overnight; give name, address, phone of lodging
DATE(S) OF TRIP \(\frac{\lambda}{\lambda} \lambda \lambda \lambda \lambda \) DEPARTURE TIME \(\text{RETURN TIME} \) NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: \(\text{SPONSORING ORGANIZATION} \) SCHOOL COUNCIL \(\text{D}\) BOARD \(\text{D}\) OTHER, SPECIFY \(\text{SPONSORING ORGANIZATION} \)
NUMBER OF: STUDENTS 7 FACULTY SPONSORS / OTHER CHAPERONES TOTAL # OF PARTICIPANTS
MODE OF TRANSPORTATION DISTRICT OWNED BUS (SPECIFY # NEEDED) LUGGAGE CARRIER? (SPECIFY) DISTRICT OWNED VEHICLE(S) (SPECIFY) SWOULDOWN 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? By signing this form I verify that I have read and comply with Board Policy 09.36 Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval S/3/17 7/7-/7 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)



SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Modely
DESTINATION RXIVA Park ADDRESS 841 Berger RI Palue L LyPHONE
☐ 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//1/17 + 8/12/17 Departure Time Return Time
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: \square SPONSORING ORGANIZATION \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY
Number of: students faculty sponsors other chaperones Total # of Participants S
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.)
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? \square Yes \square No
By signing this form I verify that I have read and comply with Board Policy 09.36
Stophen Madde 7/17/17
Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval Signature of Superinterdient Designee Date
For overnight and/or out _z of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.

RELATED PROCEDURES:

09.36 (All procedures)

Submit this form five (5) days prior to the trip.
SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Maldux
DESTINATION Park ADDRESS 841 Berger Rd PaladepHONE
☐ Out of State or over 149 mile radius (requires Superintendent or Board approval) ☐ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP 8/6/17 DEPARTURE TIME RETURN TIME
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: \square SPONSORING ORGANIZATION \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY
Number of: students 7
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.)
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? \square Yes \square No
By signing this form I verify that I have read and comply with Board Policy 09.36
Stocker Mudde 7/17/17
Signature of Faculty Sponsor Date
Trip has been Approved consapproved. Reason for disapproval 8/3/17 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)



SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Marlely
DESTINATION Arrow Head ADDRESS 183 Arrowhead Club Dr 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 Aug 2 2017 DEPARTURE TIME RETURN TIME
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: \square SPONSORING ORGANIZATION \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY
Number of: students 7 faculty sponsors 0 other chaperones Total # of Participants 6
MODE OF TRANSPORTATION □ DISTRICT OWNED BUS (SPECIFY # NEEDED) LUGGAGE CARRIER? (SPECIFY)
DISTRICT OWNED VEHICLE(S) (SPECIFY) Subar bar
☐ 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? \square Yes \square No
By signing this form I verify that I have read and comply with Board Policy 09.36
Stepher Model 7/17/17 Signature of Faculty Sponsor Date
Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval
8/3/17
7/17/17
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)



Submit this form five (5) days prior to the trip.
SCHOOL LCH5 FACULTY MEMBER(S) SPONSORING TRIP Maldux
DESTINATION Mineral Mounds St Park ADDRESS 48 Fireh La Edyulla Monds
☐ 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 28th 2017 DEPARTURE TIME RETURN TIME
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: \square SPONSORING ORGANIZATION \square SCHOOL COUNCIL \square BOARD \square OTHER, SPECIFY
Number of: students 5 faculty sponsors / other chaperones 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)
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
Standar Maddon 7/17/17
Signature of Faculty Sponsor Date
Trip has been approved Assapproved. Reason for disapproval
Cest Dun 8/3/12
711717
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)

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Maldux
DESTINATION Colvert City Country Club ADDRESS 123 Country Club La PHONE
DESTINATION (abut City Country (lub Address 123 Country Club La PHONE Out of State or over 149 mile radius (requires Superintendent or Board approval)
☐ Overnight; give name, address, phone of lodging
District (2) 17/17
DATE(S) OF TRIP 6/7/17 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
Number of: Students 7 FACULTY SPONSORS OTHER CHAPERONES OTHER CHAPERONES
TOTAL # OF PARTICIPANTS 8
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.)
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 Liverify that I have read and comply with Board Policy 09.36
Stoffe Madle 8/2/17
Signature of Faculty Sponsor Date
Trip has been @ approved aisapproved. Reason for disapproval
- Cett Pray 8/3/17
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)

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP M. Jelvy
DESTINATION 5/05 Carry Club ADDRESS 1435 KY-286 Ken 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 9/21/17 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
Number of: students 7 faculty sponsors 1 other chaperones 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)
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? \square Yes \square No
By signing this form I verify that I have read and comply with Board Policy 09.36
Stepha Marlas 7/26/17
Signature of Faculty Sponsor Date
Trip has been □ approved □ disapproved. Reason for disapproval
Signature of Superintendent/Designee Date
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)