

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP MacdelyxDESTINATION Sun Valley Golf Course ADDRESS 6505 Bethany Ln Louisville Ky 40272 PHONE (502) 937-922

- ☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)
- ☒ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 8/26/2017 DEPARTURE TIME 3:00 pm ^{8/25/17} RETURN TIME 7:00 pm ^{8/26/17}

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____NUMBER OF: STUDENTS 5 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 6

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 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

Stephen Macdelyx
Signature of Faculty Sponsor8/7/2017
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____Scott Ray Taylor
Signature of Superintendent/Designee 8/9/17
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 LIVINGSTON CENTRAL HIGH FACULTY MEMBER(S) SPONSORING TRIP ROBERT SCHMITT
NATIONAL FARM MACHINERY SHOWDESTINATION KY EXPO AND FAIRGROUNDS ADDRESS LOUISVILLE, KY PHONE 331-0913X ☐ 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 ☐ SPONSORING ORGANIZATION X ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY FFA AND SBDMNUMBER OF: STUDENTS 40 FACULTY SPONSORS 1 OTHER CHAPERONES 1TOTAL # 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) _____

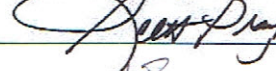
METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.) _____

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 ☐ Yes ☐ No

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


Signature of Faculty Sponsor8/3/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____
Signature of Superintendent/Designee8/4/17
8/7/17
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)

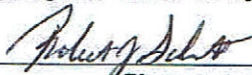
Review/Revised:9/12/2016

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LIVINGSTON CENTRAL HIGH FACULTY MEMBER(S) SPONSORING TRIP ROBERT SCHMITT
NORTH AMERICAN LIVESTOCK SHOW AND RODEODESTINATION KY EXPO AND FAIRGROUNDS ADDRESS LOUISVILLE, KY PHONE 331-0913X ☐ 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 ☐ SPONSORING ORGANIZATION X ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY FFA AND SBDMNUMBER 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 ☐ Yes ☐ No

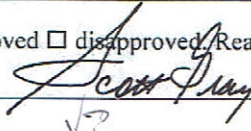
By signing this form I verify that I have read and comply with Board Policy 09.36



Signature of Faculty Sponsor

8/3/17

Date

Trip has been ☒ approved ☐ disapproved Reason for disapproval _____

Signature of Superintendent/Designee

8/9/178/7/17
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 LIVINGSTON CENTRAL HIGH FACULTY MEMBER(S) SPONSORING TRIP ROBERT SCHMITTDESTINATION NATIONAL CONVENTION INDIANAPOLIS ADDRESS _____ PHONE _____x ☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)x ☐ Overnight; give name, address, phone of lodging Omni SeverinDATE(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 ☐ SPONSORING ORGANIZATION X ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____NUMBER OF: STUDENTS 16 FACULTY SPONSORS 1 OTHER CHAPERONES 2TOTAL # 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 ☐ Yes ☐ No

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

Robert Schmitt
Signature of Faculty Sponsor7-19-17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____*Scott Gray*
Signature of Superintendent/Designee7/18/17
7/19/17
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 LIVINGSTON CENTRAL HIGH FACULTY MEMBER(S) SPONSORING TRIP ROBERT SCHMITTDESTINATION STATE FAIR LOUISVILLE 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 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: ☒ SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____NUMBER OF: STUDENTS 16 FACULTY SPONSORS 1 OTHER CHAPERONES 2
TOTAL # OF PARTICIPANTS 19

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.) _____

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? ☒ Yes ☐ No

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

Robert Schmitt
Signature of Faculty Sponsor7/19/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____[Signature]
Signature of Superintendent/Designee7/19/17
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 LIVINGSTON CENTRAL HIGH FACULTY MEMBER(S) SPONSORING TRIP ROBERT SCHMITT
RISE SUN CONFERENCEDESTINATION FFA CAMP ADDRESS HARDINSBURG, KY PHONE 756-2301☐ OUT OF STATE OR OVER 149 MILE RADIUS (REQUIRES SUPERINTENDENT OR BOARD APPROVAL)☒ Overnight; give name, address, phone of lodging FFA Camp Hardinsburg, KYDATE(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: ☒ SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY FFA AND SBDMNUMBER OF: STUDENTS 2 FACULTY SPONSORS 1 OTHER CHAPERONES 0TOTAL # OF PARTICIPANTS 3

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) _____

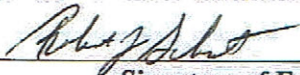
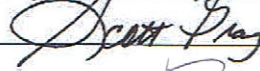
METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.) _____

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? ☒ Yes ☐ No

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


Signature of Faculty Sponsor8/3/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____
Signature of Superintendent/Designee8/4/17
8/7/17
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

3

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 FFA FIELD DAY AND CDE'SDESTINATION 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: ☒ SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY FFA AND SBDMNUMBER OF: STUDENTS 40 FACULTY SPONSORS 1 OTHER CHAPERONES 0TOTAL # OF PARTICIPANTS 41

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) _____

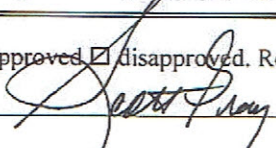
METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.) _____

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? ☒ Yes ☐ No

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


Signature of Faculty Sponsor8/3/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____
Signature of Superintendent/Designee8/4/17
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: 9/12/2016

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 FFA SPEAKING DAY AND BANQUETDESTINATION 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: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY FFA AND SBDMNUMBER OF: STUDENTS 30 FACULTY SPONSORS 1 OTHER CHAPERONES 0TOTAL # OF PARTICIPANTS 31

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) _____

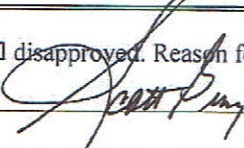
METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.) _____

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? ☒ Yes ☐ No

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


Signature of Faculty Sponsor8/3/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____
Signature of Superintendent/Designee8/4/17
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: 9/12/2016

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 PAPERWORK AND OFFICER ELECTIONDESTINATION 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: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY FFA AND SBDMNUMBER OF: STUDENTS 4 FACULTY SPONSORS 1 OTHER CHAPERONES 0TOTAL # OF PARTICIPANTS 5

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) _____

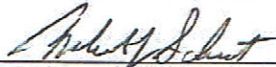
METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.) _____

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? ☒ Yes ☐ No

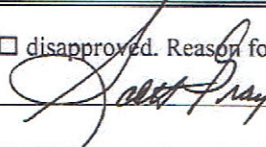
By signing this form I verify that I have read and comply with Board Policy 09.36



Signature of Faculty Sponsor

8/3/17

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)

Review/Revised: 9/12/2016

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 AG SALES, AG EMPLOYABILITY, AND CREED INVITATION CDEDESTINATION 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: ☒ Sponsoring Organization ☐ School Council ☐ Board ☐ Other,
Specify FFA AND SBDMNUMBER OF: STUDENTS 12 FACULTY SPONSORS 1 OTHER CHAPERONES 0TOTAL # OF PARTICIPANTS 13**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) _____

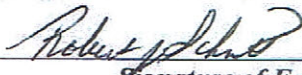
METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.) _____

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? ☒ Yes ☐ No

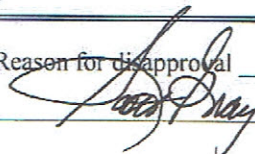
By signing this form I verify that I have read and comply with Board Policy 09.36



Signature of Faculty Sponsor

8/3/17

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)

Review/Revised: 9/12/2016

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, HORSEMANSHIP 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: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
 SPECIFY FFA AND SBDM

NUMBER OF: STUDENTS 12 FACULTY SPONSORS 1 OTHER CHAPERONES 0

TOTAL # OF PARTICIPANTS 13

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) _____

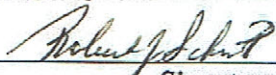
METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.) _____

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? ☒ Yes ☐ No

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


 Signature of Faculty Sponsor

8/3/17
 Date

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


 Signature of Superintendent/Designee

8/4/17
 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: 9/12/2016

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 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 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) _____

☒ 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? ☒ Yes ☐ No

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

Robert Schmitt
 Signature of Faculty Sponsor

8/3/17
 Date

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

Scott Piny
 Signature of Superintendent/Designee

8/4/17
 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: 9/12/2016

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
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: ☒ SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
 SPECIFY FFA AND SBDM

NUMBER OF: STUDENTS 30 FACULTY SPONSORS 1 OTHER CHAPERONES 0

TOTAL # OF PARTICIPANTS 31

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.) _____

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? ☒ Yes ☐ No

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

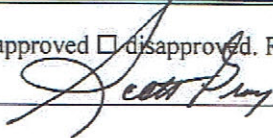


Signature of Faculty Sponsor

8/13/17

Date

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



Signature of Superintendent/Designee

8/14/17

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 LIVINGSTON CENTRAL HIGH FACULTY MEMBER(S) SPONSORING TRIP ROBERT SCHMITT 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: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY AGC OF WESTERN KENTUCKY

NUMBER OF: STUDENTS 70 FACULTY SPONSORS 2 OTHER CHAPERONES 2

TOTAL # OF PARTICIPANTS 74

MODE OF TRANSPORTATION

☒ 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.)

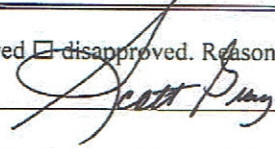
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

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


Signature of Faculty Sponsor

8/3/17
Date

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


Signature of Superintendent/Designee

8/4/17
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: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 LIVINGSTON CENTRAL HIGH FACULTY MEMBER(S) SPONSORING TRIP ROBERT SCHMITT

DESTINATION WKU EXPO BOWLING GREEN 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 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: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____

NUMBER OF: STUDENTS 12 FACULTY SPONSORS 1 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 11

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.) _____

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? ☒ Yes ☐ No

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

Robert J. Schmitt
Signature of Faculty Sponsor

7-19-17

Date

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

Scott Gray
Signature of Superintendent/Designee

7/19/17

7/19/17
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 LCMS FACULTY MEMBER(S) SPONSORING TRIP Chasity Ray
DESTINATION Marshall Co. H.S. ADDRESS _____ PHONE _____☐ Out of State or over 149 mile radius☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 7/26 - 7/28 DEPARTURE TIME 8:30 RETURN TIME 4:00**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY N/ANUMBER OF: STUDENTS 10 FACULTY SPONSORS 1 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 11**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) _____Parents are
car-pooling
their kids**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

Chasity Ray
Signature of Faculty Sponsor7-25-17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____Bobby Love
Signature of Superintendent/Designee7-25-17
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

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LIVINGSTON Co Middle School FACULTY MEMBER(S) SPONSORING TRIP James AugustineDESTINATION MARSHALL Co HIGH 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 8-5-17 DEPARTURE TIME 9:45 am RETURN TIME 4:30 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 LIVINGSTON Co MS JR Diamond ClubNUMBER OF: STUDENTS 15 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 19

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 INVOICE FOR BOOSTER CLUB

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]
Signature of Faculty Sponsor7-31-17
DateTrip has been ☒ approved ☐ disapproved Reason for disapproval _____Bobby Love
Signature of Superintendent/Designee8-2-17
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 LCIS FACULTY MEMBER(S) SPONSORING TRIP MadduxDESTINATION Princeton Country Club ADDRESS 10015 Jefferson St PHONE _____
Princeton NJ☐ 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: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____NUMBER OF: STUDENTS 7 FACULTY SPONSORS 1 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 I verify that I have read and comply with Board Policy 09.36

Stephen Maddux
Signature of Faculty Sponsor8/26/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____Scott Perry
Signature of Superintendent/Designee8/2/17
7-17-17
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

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LC 145 FACULTY MEMBER(S) SPONSORING TRIP MadduxDESTINATION Calvert City Country Club ADDRESS Country 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 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 I verify that I have read and comply with Board Policy 09.36

Stephen Maddux
Signature of Faculty Sponsor7/26/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____Don Day
Signature of Superintendent/Designee8/3/17
7-17-17
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

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP MadduxDESTINATION Amwell Head ADDRESS 183 Amwell Head Club Dr PHONE Cockeysville☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 8/24/17 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 7 FACULTY SPONSORS 1 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 I verify that I have read and comply with Board Policy 09.36

Stephen Maddux
Signature of Faculty Sponsor7/17/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____Debra Perry
Signature of Superintendent/Designee 8/3/17
7-17-17
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

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCIS FACULTY MEMBER(S) SPONSORING TRIP MuddoxDESTINATION Ballard County Country Club ADDRESS 2145 La Center Rd PHONE La Center Ky☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 8/18/17 + 8/19/17 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 5 FACULTY SPONSORS 1 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 6

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

Stephen Muddox
Signature of Faculty Sponsor7/17/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____[Signature]
Signature of Superintendent/Designee8/3/177-17-17
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

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP MadduxDESTINATION Mayfield Country Club ADDRESS 1301 W Broadway Mayfield 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 8/17/17 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 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 I verify that I have read and comply with Board Policy 09.36

Stephan Maddux
Signature of Faculty Sponsor7/17/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval 7/17/17
Signature of Superintendent/Designee8/3/17
7-17-17
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

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP MaddyDESTINATION Oaks Country Club ADDRESS 363 Oaks Country Club Rd PHONE Muddy☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 8/14/17 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 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 I verify that I have read and comply with Board Policy 09.36

Stephen Maddy
Signature of Faculty Sponsor7/17/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____Scott Day
P. J. [Signature]
Signature of Superintendent/Designee8/3/17
7-17-17
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

School-Related Student Trip & Vehicle Request Form**SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.**SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP MaddoxDESTINATION Paxton Park ADDRESS 841 Berger Rd Paxton, VA 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 8/11/17 + 8/12/17 DEPARTURE TIME _____ RETURN TIME _____**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____NUMBER OF: STUDENTS 7 FACULTY SPONSORS 1 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? ☒ Yes ☐ No

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

Stephen Maddox
Signature of Faculty Sponsor7/17/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____[Signature]
Signature of Superintendent/Designee8/3/17
7-17-17
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

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCMS FACULTY MEMBER(S) SPONSORING TRIP MadduxDESTINATION Paxton Park ADDRESS 841 Berger Rd Palmdale, CA 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 8/8/17 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 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 I verify that I have read and comply with Board Policy 09.36

Stephen Maddux
Signature of Faculty Sponsor7/17/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____Scott Pryor
Signature of Superintendent/Designee8/3/17
7-12-17
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 MaddoxDESTINATION Arrow Head ADDRESS 183 Arrowhead Club Dr PHONE Cecil 2 Ky☐ 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: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____NUMBER OF: STUDENTS 7 FACULTY SPONSORS 1 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 I verify that I have read and comply with Board Policy 09.36

Stephen Maddox
Signature of Faculty Sponsor7/17/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____[Signature]
Signature of Superintendent/Designee8/2/17
7/17/17
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

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP MaddoxDESTINATION Mineral Mounds St Park ADDRESS 48 Finch Ln Eddyville 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 July 28th 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 _____NUMBER OF: STUDENTS 5 FACULTY SPONSORS 1 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 6

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

Stephen Maddox
Signature of Faculty Sponsor7/17/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____[Signature]
Signature of Superintendent/Designee8/3/17
7/17/17
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

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LC HS FACULTY MEMBER(S) SPONSORING TRIP MaddoxDESTINATION Calwest City Country Club ADDRESS 123 Country Club Ln 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 9/7/17 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 1 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 I verify that I have read and comply with Board Policy 09.36

Stephen Maddox
Signature of Faculty Sponsor8/26/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____[Signature]
Signature of Superintendent/Designee8/3/17
7-17-17
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

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LC HS FACULTY MEMBER(S) SPONSORING TRIP M. MaddyDESTINATION Silos Country Club ADDRESS 11435 KY-2860 Kenil 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 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 I verify that I have read and comply with Board Policy 09.36

Stepha Maddy
Signature of Faculty Sponsor7/26/17
DateTrip has been ☐ approved ☐ disapproved. Reason for disapproval __________
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