

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP VOLLEYBALL

DESTINATION _ UNION COUNTY _____ ADDRESS _ HIGH SCHOOL _____ 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 8/24/17 DEPARTURE TIME 4:4:15 RETURN TIME 10:30

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 30 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 32

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? X Yes ☐ No

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

Melissa Dean

8/22/17

Signature of Faculty Sponsor

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee

8/22/17
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