

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

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

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP VOLLEYBALLDESTINATION CARLISLE 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 8/26/17 DEPARTURE TIME 8:30 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 \_\_\_\_\_NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 17

## MODE OF TRANSPORTATION

☒ DISTRICT OWNED BUS (SPECIFY # NEEDED) \_\_\_\_\_ LUGGAGE CARRIER? (SPECIFY) \_\_\_\_\_☐ DISTRICT OWNED VEHICLE(S) (SPECIFY) \_\_\_\_\_☐ 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

*Melissa Dean*

Signature of Faculty Sponsor

8/22/17

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_*[Signature]*  
Signature of Superintendent/Designee8/22/17  
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