

STUDENTS

09.36 AP.21

School-Related Student Trip & Vehicle Request Form

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

SCHOOL Lewis & Clark Co Middle School FACULTY MEMBER(S) SPONSORING TRIP Terrell Duran
LCMS Baseball vs African Middle

DESTINATION Noble Park Baseball Fields 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 8-24-17 DEPARTURE TIME 4:15 pm RETURN TIME 8:00 pm

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY LCMS JR Diamond Club

NUMBER OF: STUDENTS 16 FACULTY SPONSORS 1 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.) _____

Monthly Invoice

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 Sponsor

8-22-17

Date

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

[Signature]

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

School-Related Student Trip & Vehicle Request Form

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

SCHOOL Leuzinger Co. Middle School FACULTY MEMBER(S) SPONSORING TRIP Jessie Quipman
LCMS Baseline Soccer LeagueDESTINATION Hickman 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 8-26-17 DEPARTURE TIME 9:30 AM RETURN TIME 5:30 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 LCMS JR Diamond ClubNUMBER OF: STUDENTS 16 FACULTY SPONSORS 1 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.) _____

Monetary Transfer

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 Sponsor8-22-17
DateTrip 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