

School-Related Student Trip & Vehicle Request Form

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

SCHOOL _____ NLES _____ FACULTY MEMBER(S) SPONSORING TRIP SYLVIA DOYLEDESTINATION (Two Hour Health Tour) SOUTH LIVINGSTON ELE. ADDRESS 850 CUTOFF RD SMITHLAND PHONE 270-928-3500☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP OCT. 6, 2017 DEPARTURE TIME 8:30 AM RETURN TIME 11:30 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 KELCEY RUTLEDGE, BAPTIST HEALTH, KELCEY.RUTLEDGE@BHSL.COMNUMBER OF: STUDENTS 32 FACULTY SPONSORS 2 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 34

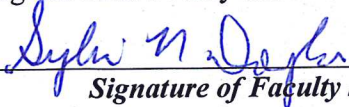
MODE OF TRANSPORTATION

☒ 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.) _____

Baptist Health will reimburse travel expense.SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) SYLVIA DOYLE, BETTY WILLIAMSHave 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

Date

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

8-25-17

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