

09.36 AP.21

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

☐ Overnight; give name, address, phone of lodging

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

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

Page 1 of 1

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

DESTINATION _MAYFIELD_ ADDRESS ___HIGH SCHOOL___PHONE___

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

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

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

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.) _____

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

8/22/17
Date

Trip 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.

09.36 (All procedures)

Review/Revised:9/12/2016

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

DESTINATION _ TRIGG 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 _____

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

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

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)** _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

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

8/22/17
Date

RELATED PROCEDURES:

Review/Revised:9/12/2016

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

☐ Overnight; give name, address, phone of lodging

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

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

Page 1 of 1

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 GRAVES 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 9/26/17 DEPARTURE TIME 4:00 RETURN TIME 10 PM*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.*BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATIONX ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____NUMBER OF: STUDENTS 30 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 32**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 _____*Scott Gray*
Signature of Superintendent/Designee8/28/178-28-17
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

