STUDENTS

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 _HOPKINS COUNTY CENTRAL _ADDRESS HIGH SCHOOL PHONE Out of State or over 149 mile radius (requires Superintendent or Board approval) Overnight; give name, address, phone of lodging
Out of State of over 149 mile radius (requires Superintendent - D
, promo or roughing
DATE(S) OF TRIP_8/28/17DEPARTURE TIME _4:00RETURN TIME _10 PM NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY. BILL TRIP EXPENSES TO: SPONSORING ORGANIZATIONY SCHOOL SOURCE TO
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 to brincipal/designee to supervise students? X Yes No Sy signing this form I verify that I have read and comply with Board Policy 09.36
Melissa Dean
rip has been approved disapproved. Reason for disapproval

RELATED PROCEDURES:

09.36 (All procedures)

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRICE	OR TO THE TRIP.
SCHOOL _LCHS FACULTY MEMBER(S) SPONSORING	TRIPVOLLEYBALL
DESTINATION_MAYFIELD_ADDRESSHIGH SCHOOL	PHONE
☐ Out of State or over 149 mile radius (requires Superintendent of Overnight; give name, address, phone of lodging	or Board approval)
DATE(S) OF TRIP_8/31/17 DEPARTURE TIME _4:00	RETURN TIME 10 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	E OF AN INABILITY TO PAY
BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATIONX SC SPECIFY	HOOL COUNCIL THE BOARD THOSE
NUMBER OF: STUDENTS _30_ FACULTY SPONSORS TOTAL # OF PARTICIPANTS _	2_ OTHER CHAPERONES
MODE OF TRANSPORTATION X DISTRICT OWNED BUS (SPECIFY # NEEDED) LUC	
☐ DISTRICT OWNED VEHICLE(S) (SPECIFY)	GGAGE CARRIER? (SPECIFY)
☐ CERTIFICATED COMMON CARRIER; SPECIFY	
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY D	ADIVED(C)
METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP)	WILL BE PAID.)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANY	ING STUDENTS ON TRIP)
Have all chaperones undergone the required records ch principal/designee to supervise students? X Yes	eck and been designated by the
By signing this form I verify that I have read and comply with Board	l Policy 09.36
Melissa Dean	_8/22/17
Signature of Faculty Sponsor	Date
Trip has been 🗷 approved 🗆 disapproved Reason for disapproval	
cott Pray	8/29/
The state	8-28-17
Signature of Superintendent/Designee For overnight and/or out-of-state trips, approval of the Superintendent and/o	Date

RELATED PROCEDURES:

09.36 (All procedures)

STUDENTS 09.36 AP.21

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIO	R TO THE TRIP.
SCHOOL_LCHSFACULTY MEMBER(S) SPONSORING T	TRIPVOLLEYBALL
DESTINATION_TRIGG COUNTY_ADDRESSHIGH SCHOOL	PHONE
☐ Out of State or over 149 mile radius (requires Superintendent of ☐ Overnight; give name, address, phone of lodging	"Doord
DATE(S) OF TRIP_9/5/17 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 SCI	HOOL COUNCIL □ BOARD □ OTHER,
NUMBER OF: STUDENTS _30 _ FACULTY SPONSORS _ TOTAL # OF PARTICIPANTS _	2 OTHER CHAPERONES
MODE OF TRANSPORTATION X DISTRICT OWNED BUS (SPECIFY # NEEDED) LUG	
☐ DISTRICT OWNED VEHICLE(S) (SPECIFY)	(Sizeni)
☐ CERTIFICATED COMMON CARRIER; SPECIFY	
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DE	PIVED(C)
METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP V	VILL BE PAID.)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYI	NG STUDENTS ON TRIP)
Have all chaperones undergone the required records che principal/designee to supervise students? X Yes	eck and been designated by the
By signing this form I verify that I have read and comply with Board	Policy 09.36
MelissaDean	_8/22/17_
Signature of Faculty Sponsor	Date
Trip has been ☑ approved ☐ disapproved Reason for disapproval	
Cost Pray	8/28/17
T. Chrot	8-28-17
Signature of Superintendent/Designee	Date
or overnight and/or out-of-state trips, approval of the Superintendent and/or	Board may be required by Policy 09.36.
Pri Amon Do c	

RELATED PROCEDURES:

09.36 (All procedures)

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO	THE TRIP.
SCHOOL _LCHS FACULTY MEMBER(S) SPONSORING TRIP_	
DESTINATION _CRITTENDEN _ADDRESSHIGH SCHOOLP	PHONE
☐ Out of State or over 149 mile radius (requires Superintendent or Boa ☐ Overnight; give name, address, phone of lodging	rd approval)
DATE(S) OF TRIP_9/12/17 DEPARTURE TIME _4:00	RETURN TIME 10 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF A	N INABILITY TO PAY.
BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATIONX SCHOOL SPECIFY	COUNCIL D BOARD D OTHER,
NUMBER OF: STUDENTS _30 _ FACULTY SPONSORS _ 2 _ TOTAL # OF PARTICIPANTS _ 32 _	OTHER CHAPERONES
MODE OF TRANSPORTATION X DISTRICT OWNED BUS (SPECIFY # NEEDED) LUGGAGE	E CARRIER? (SPECIFY)
☐ DISTRICT OWNED VEHICLE(S) (SPECIFY)	, , , , , , , , , , , , , , , , , , , ,
☐ CERTIFICATED COMMON CARRIER; SPECIFY	
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER	R(S)
METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL	BE PAID.)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING ST	TUDENTS ON TRIP.)
Have all chaperones undergone the required records check a principal/designee to supervise students? X Yes □ No	and been designated by the
By signing this form I verify that I have read and comply with Board Police	y 09.36
MelissaDean	8/22/17
Signature of Faculty Sponsor	Date
Trip has been approved disapproved. Reason for disapproval	8/28/17
5 JAN 150	8-28-17
Signature of Superintendent/Designee/ For overnight and/or out-of-state trips, approval of the Superintendent and/or Board	Date d may be required by Policy 09 36
	, 1 ==== 5) 1 one; 02.30.

RELATED PROCEDURES:

09.36 (All procedures)

STUDENTS

School-Related Student Trip & Vehicle Request Form

Cupacity many and a second
SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL_LCHSFACULTY MEMBER(S) SPONSORING TRIPVOLLEYBALL
DESTINATION_GRAVES_ADDRESSHIGH SCHOOLPHONE
☐ 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 ☐ OTHE SPECIFY
NUMBER OF: STUDENTS _30_ FACULTY SPONSORS2 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? $X \text{ Yes} \square \text{ No}$
By signing this form I verify that I have read and comply with Board Policy 09.36
Melissa Dean8/22/17
Signature of Faculty Sponsor Date
Trip has been papproved disapproved. Reason for disapproval
Signature of Superintendent/Pesigner Signature of Superintendent/Pesigner For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by Policy 09.36.
09.36.

RELATED PROCEDURES:

09.36 (All procedures)

STUDENTS

School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAY	S PRIOR TO THE TRIP.
SCHOOL_LCHSFACULTY MEMBER(S) SPONSO	ORING TRIPVOLLEYBALL
DESTINATION_HICKMAN COUNTY_ADDRESSHIGH Se	CHOOL PHONE
U Out of State or over 149 mile radius (requires Superintor	ndont on Day 1
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP_10/03/17 DEPARTURE TIME _4:	RETURN TIME 10 PM
NO STUDENT SHALL BE DENIED THE TRIP BE	ECAUSE OF AN INABILITY TO PAY
BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION SPECIFY	NV CCHOOL COMME
NUMBER OF: STUDENTS _30_ FACULTY SPONSORS	2_ OTHER CHAPERONES
101AL # OF PARTICIPA	NTS32
MODE OF TRANSPORTATION	William State Control of Schoolship
X DISTRICT OWNED BUS (SPECIFY # NEEDED)	LUGGAGE CARRIER? (SPECIFY)
☐ DISTRICT OWNED VEHICLE(S) (SPECIFY)	
☐ CERTIFICATED COMMON CARRIER; SPECIFY	
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPEC	CIFY DRIVER(S)
METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE	TRIP WILL RE PAID
	TRUE WILL DE LAID.)
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOM	1PANYING STUDENTS ON TRUE
lave all chaperones undergone the required record	lo charle
A 160	S LLINO
By signing this form I verify that I have read and comply with	Board Policy 09 36
	,
MelissaDean_	8/22/17
Signature of Faculty Sponsor	Date
rip has been approved disapproved. Reason for disapproval	
COH Plans	8/2.0/12
- OMT.D	0/00///
Signature of Superintendent/Designage	7-18-17 Date
or overnight and/or out-of-state trips, approval of the Superintendent	and/or Board may be required by Policy 00 36
TV LOTTE D	2 1 1 oney 09.30,

RELATED PROCEDURES:

09.36 (All procedures)