

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Ceta Ramage & Cht
 DESTINATION Murray State University ADDRESS Murray KY PHONE _____
☐ Out of State or over 149 mile radius
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 9-27-17 DEPARTURE TIME 8:00 AM RETURN TIME 2:50 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 EBLA

NUMBER OF: STUDENTS 8 FACULTY SPONSORS 1 OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS 9

MODE OF TRANSPORTATION

- ☐ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____
☒ DISTRICT OWNED VEHICLE(S) (SPECIFY) Suburban
☐ CERTIFICATED COMMON CARRIER; SPECIFY _____
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

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

Heigh A. Chart
 Signature of Faculty Sponsor

8-22-17
 Date

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

Scott Gray
 Signature of Superintendent/Designee

8/30/17
 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:7/11/2016

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LC HS FACULTY MEMBER(S) SPONSORING TRIP Greta Ramage & Leigh Chat
 DESTINATION South Livingston Ele ADDRESS 850 Cutoff Rd PHONE 270-928-3500
☐ Out of State or over 149 mile radius
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10-27-17 DEPARTURE TIME 5:00 PM RETURN TIME 9:00 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 FBLA

NUMBER OF: STUDENTS 40 FACULTY SPONSORS 2 OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS 42

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) Students will drive themselves or parents will transport

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

Leigh A. Chat
 Signature of Faculty Sponsor

8-22-17
 Date

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

Scott Ray
 Signature of Superintendent/Designee

8/30/17
 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: 7/11/2016

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Greta Kamaaga
 DESTINATION Downtown Paducah ADDRESS Paducah, KY PHONE 502-431-1111

☐ Out of State or over 149 mile radius☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10-28-17 DEPARTURE TIME 8:00 AM RETURN TIME 4:00 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 FBLA

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS 22

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) Students will drive themselves or parents will transport

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

Seig A. Chant
 Signature of Faculty Sponsor

8-22-17
 Date

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

Scott Perry
 Signature of Superintendent/Designee

8/30/17
 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:7/11/2016

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SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Greta Ramage & Let's Che
 DESTINATION Murray State University ADDRESS Murray KY PHONE _____
☐ Out of State or over 149 mile radius
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11-8-17 DEPARTURE TIME 8:00 Am RETURN TIME 2:50 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 FBLA

NUMBER OF: STUDENTS 16 FACULTY SPONSORS 2 OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS 18

MODE OF TRANSPORTATION

- ☐ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____
☒ DISTRICT OWNED VEHICLE(S) (SPECIFY) 2 Suburbans
☐ CERTIFICATED COMMON CARRIER; SPECIFY _____
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

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

Deigh A. Chart
 Signature of Faculty Sponsor

8-22-17
 Date

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

Scott Ray

8/30/17

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: 7/11/2016

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Breta Kamage & Leic
 DESTINATION Downtown Paducah ADDRESS Paducah, KY PHONE 8 Cha

☐ Out of State or over 149 mile radius☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11-25-17 DEPARTURE TIME 8:00 Am RETURN TIME 4:00pm

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
 SPECIFY FBLA

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) Students will drive
themselves or parents will transport

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

Heidi A. Chant
 Signature of Faculty Sponsor

8-22-17
 Date

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

8/30/17
 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:7/11/2016

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Eeta Ramage & LeCh
 DESTINATION Murray State University ADDRESS Murray KY PHONE _____
☐ Out of State or over 149 mile radius
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3-5-18 DEPARTURE TIME 8:00 Am RETURN TIME 10:00 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 EBLA

NUMBER OF: STUDENTS 45 FACULTY SPONSORS 2 OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS 47

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) _____

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

Heigh O'Chart
 Signature of Faculty Sponsor

8-22-17
 Date

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

8/30/17
 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:7/11/2016

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Greta Kamage & Cha
 DESTINATION Galt House Hotel ADDRESS Louisville, KY PHONE _____

☒ Out of State or over 149 mile radius☒ Overnight; give name, address, phone of lodgingGalt House Hotel
140 W 4th St. Louisville, KYDATE(S) OF TRIP 4-10-18 - 4-18-18 DEPARTURE TIME 8:00 AM RETURN TIME 3:00 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 FBLANUMBER OF: STUDENTS 100 FACULTY SPONSORS 2 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 18

MODE OF TRANSPORTATION

☐ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____☒ DISTRICT OWNED VEHICLE(S) (SPECIFY) 2 Suburbans☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

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

Heigh A. Chavet
Signature of Faculty Sponsor8-22-17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____Cost \$100
Signature of Superintendent/Designee8/30/17
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:7/11/2016

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LC HS FACULTY MEMBER(S) SPONSORING TRIP Stephanie Weldon & Betty Williams
 DESTINATION Cardinal Lanes Bowling ADDRESS Paducah, KY PHONE _____

☐ Out of State or over 149 mile radius

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 9/10, 9/17, 9/24, 10/14 DEPARTURE TIME 1:30pm RETURN TIME 4:30pm

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

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
 SPECIFY Special Olympics

NUMBER OF: STUDENTS 10 FACULTY SPONSORS 3 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 13

MODE OF TRANSPORTATION

☐ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____

☒ DISTRICT OWNED VEHICLE(S) (SPECIFY) Special Ed van

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

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

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

Stephanie Weldon
 Signature of Faculty Sponsor

8/30/17
 Date

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

Scott Gray
 Signature of Superintendent/Designee

8/30/17
 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: 7/11/2016