

**School-Related Student Trip & Vehicle Request Form**

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

SCHOOL Livingston Central FACULTY MEMBER(S) SPONSORING TRIP Bill McNamara  
Stephen Madolux Larry McGregorDESTINATION Larue Co. HS. ADDRESS Hodgenville, Ky PHONE \_\_\_\_\_☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)☒ Overnight; give name, address, phone of lodging TBD (Local Lodging in Elizabethtown)DATE(S) OF TRIP Dec 28-30<sup>th</sup> 2017 DEPARTURE TIME 8:00am RETURN TIME TBD

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

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,  
SPECIFY Booster Club / Boys Basketball Act.NUMBER OF: STUDENTS 20 FACULTY SPONSORS 3 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS \_\_\_\_\_

## MODE OF TRANSPORTATION

☐ DISTRICT OWNED BUS (SPECIFY # NEEDED) \_\_\_\_\_ LUGGAGE CARRIER? (SPECIFY) \_\_\_\_\_☒ DISTRICT OWNED VEHICLE(S) (SPECIFY) Suburbans☐ 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.) \_\_\_\_\_

Booster Club / Basketball Boys Act.

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

Bill McNamara  
Signature of Faculty Sponsor8-29-2017  
DateTrip 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.

## RELATED PROCEDURES:

09.36 (All procedures)

Review/Revised: 9/12/2016