

STUDENTS

09.36 AP.21

School-Related Student Trip & Vehicle Request Form**SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.**SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Rebecca O'NealDESTINATION Fulton County High School ADDRESS Fulton, KY 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 8/26/2017 DEPARTURE TIME 645 RETURN TIME 1300**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____NUMBER OF: STUDENTS 15 FACULTY SPONSORS 2 OTHER CHAPERONES 1
TOTAL # OF PARTICIPANTS 18**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) _____

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

Rebecca O'Neal
Signature of Faculty Sponsor8/23/2017
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____Scott P. Ray
Signature of Superintendent/Designee8/21/17
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

STUDENTS

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School-Related Student Trip & Vehicle Request Form**SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.**SCHOOL LCHS - XC Team FACULTY MEMBER(S) SPONSORING TRIP Rebecca O'NealDESTINATION Calloway County High School ADDRESS Murray, KY 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 8/22/2017 DEPARTURE TIME 4:30 RETURN TIME 10:00**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____NUMBER OF: STUDENTS 15 FACULTY SPONSORS _____ OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS _____**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) _____METHOD OF PAYMENT: (LIST THE FUNDING ON HOW THE TRIP WILL BE PAID.) Cross Country**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

Rebecca O'Neal

Signature of Faculty Sponsor

8/21/2017
DateTrip has been ☒ approved ☐ disapproved Reason for disapproval _____Scott Gray
Signature of Superintendent/Designee8/21/17
Date

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