

I am still working on details for  
this trip. Thank you for allowing  
our students an opportunity to  
help.

Sincerely,  
Zeke

**School-Related Student Trip & Vehicle Request Form****SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.**SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Lyle BergDESTINATION Portland, Texas ADDRESS \_\_\_\_\_ PHONE 270-704-1428☒ Out of State or over 149 mile radius (requires Superintendent or Board approval)☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP 9-25 - 9-30 DEPARTURE TIME 5:00 a.m. RETURN TIME 9 p.m.*Tentative***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 4-6 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS \_\_\_\_\_**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

Lyle W. Berg  
Signature of Faculty Sponsor9/5/17  
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_Scott Gray  
Signature of Superintendent/Designee9/5/17  
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