School-Related Student Trip & Vehicle Request Form

SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.
SCHOOL _LCHSFACULTY MEMBER(S) SPONSORING TRIPVOLLEYBALL
DESTINATION_WEBSTER COUNTY _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_9/16/17 DEPARTURE TIME _8:00 AM RETURN TIME _6 PM
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATIONX SCHOOL COUNCIL ☐ BOARD ☐ OTHER SPECIFY
NUMBER OF: STUDENTS _15_ FACULTY SPONSORS 2_ OTHER CHAPERONES TOTAL # OF PARTICIPANTS17_
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 Dean
Signature of Faculty Sponsor Date
Trip 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