

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

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

SCHOOL LITTLE ROCK CO. MS FACULTY MEMBER(S) SPONSORING TRIP Jessica Quezada  
LCMS BASEBALLDESTINATION Lynn Co / Lee S. Jones Area ADDRESS \_\_\_\_\_ 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 9-26-17 DEPARTURE TIME 4:15 pm RETURN TIME 7:30 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 LCMS JR Diamond ClubNUMBER OF: STUDENTS 15 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 16

## 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.) \_\_\_\_\_

CHECK FROM BOOSTER CLUB

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

[Signature]  
Signature of Faculty Sponsor9-25-17  
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_[Signature]  
Signature of Superintendent/Designee9-25-17  
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