

SchoolRelated Student Trip Request Form

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

SCHOOL LCHS, LCMS, SOUTH, NORTH LIVINGSTON FACULTY MEMBER(S) SPONSORING TRIP 3**TYPE OF TRIP (CHECK ONE):**

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☒ Organization/Club Trip, specify STLP ☐ Other (athletic, band, if applicable) _____

DESTINATION MURRAY STATE ADDRESS 218 WELLS HALL, MURRAY, KY 42071 PHONE800-272-4678

- ☐ Out of State ☐ Out of County ☐ Within County
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP NOVEMBER 02, 2017 DEPARTURE TIME 8:00 AM RETURN TIME 3:00PMPURPOSE/EDUCATIONAL VALUE STLP FALL SHOWCASESOURCE OF FUNDING FOR TRIP STLP***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 30 FACULTY SPONSORS 3 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS

MODE OF TRANSPORTATIONIS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES. SEE PROCEDURE 09.36 AP.212.☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____**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 ☐ NoRegina Durard*Signature of Faculty Sponsor*9/28/2017*Date*Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Scott Gray, Sheri Henson, Becky Dunning9 28 17*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 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised:9/13/10