

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Maddy  
 DESTINATION Paducah Country Club ADDRESS 6500 Turnberry Dr PHONE 270-554-7914  
☐ Out of State or over 149 milc radius (requires Superintendent or Board approval)  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/22/17 DEPARTURE TIME 12:30 RETURN TIME \_\_\_\_\_

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 5 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
 TOTAL # OF PARTICIPANTS 6

## 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

Stephen Maddy  
 Signature of Faculty Sponsor

9/18/17  
 Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

Scott Gray  
 Signature of Superintendent/Designee

9/21/17  
 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

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Marshall  
 DESTINATION Packwood County Club <sup>Boy Region</sup> ADDRESS 6500 Turnberry Dr PHONE 270-554-7914  
☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 9/25/17 DEPARTURE TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_

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 5 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
 TOTAL # OF PARTICIPANTS 6

## 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

Stephen Marshall  
 Signature of Faculty Sponsor

9/15/17  
 Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

Scott Fung  
 Signature of Superintendent/Designee

9/21/17  
 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

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCHS

FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

DESTINATION Miller Golf Course <sup>Girls Region</sup> ADDRESS 2814 Pottersburg Rd PHONE 270-809-2388☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP 9/23/17

DEPARTURE TIME \_\_\_\_\_

RETURN TIME \_\_\_\_\_

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 2FACULTY SPONSORS 1

OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 3

## 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

Stephen Mally  
Signature of Faculty Sponsor9/18/17  
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_Don Ray  
Signature of Superintendent/Designee9/21/17  
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

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCMS FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_  
 DESTINATION Miller Golf Course Girls Regional ADDRESS 2814 Pottersville Rd PHONE 270-809-2238  
☐ 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 \_\_\_\_\_ RETURN TIME \_\_\_\_\_

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 2 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
 TOTAL # OF PARTICIPANTS 3

## 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

Stephen Maddy  
 Signature of Faculty Sponsor

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

Boyd King  
 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