

School-Related Student Trip & Vehicle Request Form

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| SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP. |
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SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Michele VenableDESTINATION Murray State International Bazaar ADDRESS Murray, Ky PHONE 270-519-5531 (cell)☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 11/15/17 DEPARTURE TIME 8:00 a.m. RETURN TIME 2:30 p.m.**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 45 FACULTY SPONSORS 1 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 46

MODE OF TRANSPORTATION

☒ DISTRICT OWNED BUS (SPECIFY # NEEDED) 1 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.) _____

From Spanish Club/Department Acct.

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

Michele Venable

Signature of Faculty Sponsor

9/18/17
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval _____Scott Fry

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