

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCMS FACULTY MEMBER(S) SPONSORING TRIP MICHELE POWELL
 DESTINATION MAMMOTH CAVE ADDRESS MAMMOTH CAVE, KY PHONE 270-758-2180

- ☐ Out of State or over 149 mile radius 158 miles from LCMS
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10/27/17 DEPARTURE TIME 6:30 AM RETURN TIME 6:30 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 YLIA

NUMBER OF: STUDENTS 4 FACULTY SPONSORS 1 OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS 5

MODE OF TRANSPORTATION

- ☐ DISTRICT OWNED BUS (SPECIFY # NEEDED) _____ LUGGAGE CARRIER? (SPECIFY) _____
☒ DISTRICT OWNED VEHICLE(S) (SPECIFY) ONE OF THE SUBURBANS TO AND FROM PICK-UP/DROP-OFF POINT-EDDYVILLE, KY
☐ CERTIFICATED COMMON CARRIER; SPECIFY ANCHOR TRANSPORTATION-A CHARTER BUS COMPANY
☐ 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 ☐ No

By signing this form I verify that I have read and comply with Board Policy 09.36

Michele Powell
Signature of Faculty Sponsor

9/26/17
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Robert Love
Signature of Superintendent/Designee

9-26-17
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:7/11/2016

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