

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

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

SCHOOL LC.HS FACULTY MEMBER(S) SPONSORING TRIP Angie McGeeDESTINATION St. Mary H.S. ADDRESS 1243 Elmdale Rd PHONE 442-1681  
Paducah☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP Oct. 26 DEPARTURE TIME 3:30 RETURN TIME 8:00**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,  
SPECIFY Academic TeamNUMBER OF: STUDENTS 7 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 8**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

Angie McGee  
Signature of Faculty Sponsor9/19/2017  
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_Scott Fry  
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 L.C.H.S. FACULTY MEMBER(S) SPONSORING TRIP Angie McGeeDESTINATION Paducah Tilghman ADDRESS 800 Caldwell St. Paducah PHONE 444-5600☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP Nov. 2 DEPARTURE TIME 3:30 RETURN TIME 8:00**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY Academic TeamNUMBER OF: STUDENTS 7 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 8**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

Angie McGee  
Signature of Faculty Sponsor9/19/2017  
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_Scott P...  
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 L.C.H.S. FACULTY MEMBER(S) SPONSORING TRIP Angie McGeeDESTINATION Caldwell Co. H.S. ADDRESS 6012 W. Washington St. Princeton PHONE 365-5742☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP Nov. 16 DEPARTURE TIME 3:15 RETURN TIME 8:00**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY Academic TeamNUMBER OF: STUDENTS 1 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 8**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.) \_\_\_\_\_

**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

Angie McGee  
Signature of Faculty Sponsor9/19/2017  
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_Scott 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 ~~Crittenden Co. H.S.~~ L.C.H.S. FACULTY MEMBER(S) SPONSORING TRIP Angie McGeeDESTINATION Crittenden Co. H.S. ADDRESS 601 W. Elm St PHONE 965-3525  
Manon☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP Nov. 30 DEPARTURE TIME 3:15 RETURN TIME 8:00**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,  
SPECIFY Academic TeamNUMBER OF: STUDENTS 7 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 8**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

Angie McGee  
Signature of Faculty Sponsor9/19/2017  
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_Scott Gray  
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 L.C.H.S. FACULTY MEMBER(S) SPONSORING TRIP Angie McGeeDESTINATION Murray High School ADDRESS 501 Doran Rd PHONE 753-5202☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP Jan 11 DEPARTURE TIME 2:50 RETURN TIME 8:00**NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.**BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,  
SPECIFY Academic TeamNUMBER OF: STUDENTS 7 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 8**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

Angie McGee  
Signature of Faculty Sponsor9/19/2017  
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_[Signature]  
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