

School-Related Student Trip & Vehicle Request Form**SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.**SCHOOL LCIS FACULTY MEMBER(S) SPONSORING TRIP hyle BegDESTINATION 748 Hwy 60 West ADDRESS Smithland, Ky PHONE 270-928-2568☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 9-20-17 - 12-31-17 DEPARTURE TIME 3rd/5th + 7th RETURN TIME end of each-class-**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 3rd/5th + 7th FACULTY SPONSORS # OTHER CHAPERONES _____
period TOTAL # OF PARTICIPANTS _____MODE OF TRANSPORTATION - We will walk☐ 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.) Materials paid
by home owner - siding - soffit - work

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

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Signature of Faculty Sponsor

9-18-17

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Chad Flay
Signature of Superintendent/Designee9/20/17

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