

School-Related Student Trip & Vehicle Request Form

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

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP STEPHANIE

DESTINATION _CBI GROCERY STORE &/OR JOB LOCATIONS ADDRESS PADUCAH, KY_ PHONE _

☐ Out of State or over 149 mile radius☐ Overnight; give name, address, phone of lodging_____

DATE(S) OF TRIP WEEKLY-EVERY WEDNESDAY DEPARTURE TIME 8:30 AM RETURN TIME 11:30 AM

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,
SPECIFY SPECIAL EDUCATION

NUMBER OF: STUDENTS 9 FACULTY SPONSORS 3 OTHER CHAPERONES 0

TOTAL # OF PARTICIPANTS 12

MODE OF TRANSPORTATION

X DISTRICT OWNED BUS (SPECIFY # NEEDED) HANDICAP BUS__ LUGGAGE CARRIER? (SPECIFY)

☐ DISTRICT OWNED VEHICLE(S) (SPECIFY) _____

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ 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

Stephanie Wilson
Signature of Faculty Sponsor

8/18/17
Date

Trip has been ☒ approved ☐ disapproved Reason for disapproval

Costs / Pay

8/27/17

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:7/11/2016