

**School-Related Student Trip & Vehicle Request Form****SUBMIT THIS FORM FIVE (5) DAYS PRIOR TO THE TRIP.**

SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP Ramona & Chaat  
 DESTINATION North Elementary ADDRESS US 100 W. Burna KY 42028 PHONE 270-988-4000  
☐ Out of State or over 149 mile radius  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 10-20-17 DEPARTURE TIME 5:00 PM RETURN TIME 9:00 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 \_\_\_\_\_

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_  
 TOTAL # OF PARTICIPANTS 27

**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) Students will transport themselves or Parents will transport

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

Ramona & Chaat  
 Signature of Faculty Sponsor

9-19-17  
 Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

Scott Gray  
 Signature of Superintendent/Designee

10/9/17  
 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

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

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

SCHOOL LCIS FACULTY MEMBER(S) SPONSORING TRIP MadduxDESTINATION Mineral Mounds ADDRESS Follyville Ky PHONE \_\_\_\_\_☐ Out of State or over 149 mile radius (requires Superintendent or Board approval)☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP 9/13 9/14 DEPARTURE TIME 3:00 RETURN TIME \_\_\_\_\_

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 8 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 9

## 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

Stephen Maddux  
Signature of Faculty Sponsor9/14/17  
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_Scott P. May  
Signature of Superintendent/Designee9/14/17  
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 LCHS FACULTY MEMBER(S) SPONSORING TRIP CosbyDESTINATION Carson Center ADDRESS 100 KY Ave. Paducah KY 42003 PHONE 270-443-9932☐ 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 Afternoon RETURN TIME 12:00pmAfter School 3:15-  
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 15 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 1

## 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.) \_\_\_\_\_

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

Jennifer Cosby  
Signature of Faculty Sponsor9/8/17  
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_Scott Perry  
Signature of Superintendent/Designee10/1/17  
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.
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SCHOOL LCHS FACULTY MEMBER(S) SPONSORING TRIP STEPHANIE WELDON, BETTY WILLIAMS, MEGAN WARD

DESTINATION CARDINAL LANES ADDRESS PADUCAH, KY PHONE \_\_\_\_\_

☐ Out of State or over 149 mile radius

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 10/14/17 DEPARTURE TIME 7:30 AM RETURN TIME 4:00 PM  
***NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.***

BILL TRIP EXPENSES TO: ☐X SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY \_\_\_\_\_

NUMBER OF: STUDENTS 6 FACULTY SPONSORS 3 OTHER CHAPERONES 0

TOTAL # OF PARTICIPANTS 9

**MODE OF TRANSPORTATION**

☐ DISTRICT OWNED BUS (SPECIFY # NEEDED) \_\_\_\_\_ LUGGAGE CARRIER? (SPECIFY) \_\_\_\_\_

☒X DISTRICT OWNED VEHICLE(S) (SPECIFY) SUBURBAN

☐ 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 Weldon

*Signature of Faculty Sponsor*

10/1/17

*Date*

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

Scott Gray

10/8/17

*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

Professional Meeting and/or Travel Request FormEmployee Name: Jennifer Cosby  
School/Work Location: LCHSLocation of Conference/Workshop: Chicago Out of District Yes  
City, State Location of Conference/Workshop: NCTM  
Conference/Workshop Date(s): Nov. 29-Dec. 1  
Conference/Workshop Name: NCTMToday's Date: 10/4/17Out of State Yes  
(Requires Board Approval)Departure Time: Nov. 29 @ 7:30am Return Time: Dec. 1 @ 11:30pm  
Rationale for Attendance: Learning and resources that promote mathematical habits

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: Amanda Elrod  
Employee Name: Blake Bradley  
Employee Name: Jason Holman  
Employee Name: Kim SimpsonLocation/Position: LCHS Teacher  
Location/Position: LCHS Teacher  
Location/Position: LCHS Teacher  
Location/Position: LCHS Teacher  
Yes (No)  
Yes (No)  
Yes (No)Julie ScottARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?  
Credit must be approved by the SBDM and/or Professional Development Coordinator  
ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?  
WILL YOU BE PARTICIPATING AS A CONSULTANT?  
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?PLCs, Math Cadre, + Faculty MeetingESTIMATED EXPENSES:Substitute Needed: YES or NO 3 x 96  
Registration Fee: \$ 370 x 6 = \$2220  
Use of Board Vehicle: YES or NO to Carbondale  
Use of Personal Vehicle: YES or (NO)  
Mileage \$ 87.8 miles  
Hotel/Lodging (amount per night) \$ 300 How many nights 3 x 5 = 15 (\$1500)  
Meals \$ 50 x 3 x 6 = \$900  
Car Rental (amount per day) \$ 420 How many days 3  
Ten Air Fair \$ 70 x 6Method of Payment: SIG Grant  
Method of Payment: SIG Grant  
Method of Payment: SIG Grant  
Method of Payment: SIG GrantMethod of Payment: SIG Grant  
Method of Payment: SIG Grant  
Method of Payment: SIG Grant  
Method of Payment: SIG GrantADDITIONAL INSTRUCTIONS:

\* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant Jennifer CosbySignature of Principal/Supervisor Scott Hay

Signature of Superintendent/Designee (If Necessary) \_\_\_\_\_

Date 10/4/17Date 10/9/17

Date \_\_\_\_\_

Review/Revised: 7/11/2016