Trip Request Form

NOTE: For trips requiring Board approval (all overnight trips), this form must be routed through the Principal and Superintendent and to the Board at least one (1) week prior to the next regularly scheduled Board meeting. For other trips, submit this form to the Principal at least two (2) weeks prior to the trip.

SCHOOL: TRIGG COUNTY MIDDLE SCHOOL	FACULTY MEMBER(s) SPONSORING TRIP: BETHANY ALLEN
TYPE OF TRIP (Check one):	
☐ Classroom Field Trip ☐ Class Trip (i.e.,	junior, senior), specify
☐ Organization/Club Trip (specify): X	Other (athletic, band, if applicable):
DESTINATION: MURFREESBORO, TN ADDRESS: M	NIDDLE TENNESSEE STATE UNIVERSITY (FOOTBALL STADIUM) PHONE:
X Out-of-State ☐ Out-of-County ☐ With	nin-County
☐ Overnight (Give name, address, phone of	f lodging)
	DEPARTURE TIME 815 RETURN TIME 7:36
PURPOSE/EDUCATIONAL VALUE	Trip
SOURCE OF FUNDING FOR TRIP: HIGH SCHOOL BAND A	ACTIVITY ACCOUNT
BILL TRIP EXPENSES TO: Sponsoring Organization	on □ School Council □ Board □ Other (<i>Specify</i>)
PARTICIPANTS	- Sand Sand Sand Sand Sand Sand Sand Sand
Number of Students 50 Faculty Sponsors	Other Chaperones
Transportation	
Is District transportation needed?	No X Yes (See Procedure 09.36 AP.212)
X Bus	ned/insured vehicle
☐ Private Vehicle(s) List drivers:	***************************************
Notification to parents/guardians	that private vehicles are to be used? Yes No
	ify)
SUPERVISION (Attach list of names of adults acco	
Have all chaperones undergone	the required records check and been designated by the
Principal/Designee to supervise stud	
Bithany Adun	4/30/18
Speculity Sponsor's Signature	-Pate
The Ducat	
Principal's Signature	Date
Trip has been 🗆 approved 🗖 disapproved. Rea	son for disapproval
Superintendent/Designee's Signature	. Date
The Board must approve overnight trips.	_
Date of Board approval:	Order Number
Date of Board approval:Order Number:	

Review/Revised: 1/27/05