

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK PRIOR TO THE NEXT REGULAR BOARD MEETING.

SCHOOL PHS FACULTY MEMBER(S) SPONSORING TRIP Girls

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☒ Organization/Club Trip, specify Girls Soccer ☐ Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION East Tennessee State ADDRESS 1276 Gilbreath Dr. PHONE 423-439-1000  
Johnson City, TN 37614

☒ Out of State ☐ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging Dorms on campus

DATE(S) OF TRIP July 11-14 DEPARTURE TIME 9am RETURN TIME 2pm

PURPOSE/EDUCATIONAL VALUE Benefits soccer fundamentals and  
team + character development.

SOURCE OF FUNDING FOR TRIP Girls Soccer Boosters

*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 20 FACULTY SPONSORS 1 OTHER CHAPERONES

1 TOTAL # OF PARTICIPANTS 22 \* Abby Johnson

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212.

☐ 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

Amanda Hartsock  
Signature of Faculty Sponsor

5-10-18  
Date

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

D. J. J.  
Signature of Superintendent/Designee

5-10-18

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 AP.211, 09.36 AP.212, 09.36 AP.22, 09.36 AP.23

Review/Revised: 8/20/01