

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 TCMS FACULTY MEMBER(S) SPONSORING TRIP Jimmy Craft

TYPE OF TRIP (Check one):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify Boys Basketball
☐ Organization/Club Trip (specify) _____ ☒ Other (athletic, band, if applicable)

DESTINATION McKenzie Tn ADDRESS 325 Cherry Ave. PHONE 731 352 4203
☒ Out-of-State ☐ Out-of-County ☐ Within-County
☐ Overnight (Give name, address, phone of lodging) _____

DATE(S) OF TRIP June 8-9 DEPARTURE TIME TBA RETURN TIME TBA
 PURPOSE/EDUCATIONAL VALUE Team Camp

SOURCE OF FUNDING FOR TRIP Boys Basketball

BILL TRIP EXPENSES TO: ☐ Sponsoring Organization ☐ School Council ☐ Board ☐ Other (Specify) Boys Bask.

PARTICIPANTS
 Number of Students 12 Faculty Sponsors _____ Other Chaperones _____ Total # of Participants _____

TRANSPORTATION
 Is District transportation needed? ☐ No ☒ Yes (See Procedure 09.36 AP.212)
☒ Bus ☐ Other Board-owned/insured vehicle
☐ Private Vehicle(s) List drivers: _____

Notification to parents/guardians that private vehicles are to be used? ☐ Yes ☒ No
☐ Certificated Common Carrier (Specify) _____

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

Jimmy Craft
 Faculty Sponsor's Signature
M. Buckel
 Principal's Signature

5/10/18
 Date
5/10/18
 Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

 Superintendent/Designee's Signature

 Date

The Board must approve overnight trips.
 Date of Board approval: _____ Order Number: _____

Review/Revised:1/27/05