

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 HIGH SCHOOL

FACULTY MEMBER(S) SPONSORING TRIP: ANDREW MROCH/BETHANY ALLEN

TYPE OF TRIP (Check one):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip (specify): Other (athletic, band, if applicable):

DESTINATION: MURFREESBORO, TN ADDRESS: JESS NEELY DR, NASHVILLE, TN 37203 PHONE: (615) 898-2300

- Out-of-State Out-of-County Within-County
- Overnight (Give name, address, phone of lodging) _____

DATE(S) OF TRIP: JULY 27, 2018

DEPARTURE TIME: 11:00 AM

RETURN TIME: 2:00 AM

PURPOSE/EDUCATIONAL VALUE: STUDENTS WILL ATTEND A DRUM CORPS INTERNATIONAL COMPETITION THAT EVENING AT VANDERBILT UNIVERSITY. THIS EVENT IS THE LAST ACTIVITY OF OUR BAND CAMP.

SOURCE OF FUNDING FOR TRIP: HIGH SCHOOL BAND ACTIVITY ACCOUNT

BILL TRIP EXPENSES TO: Sponsoring Organization School Council Board Other (Specify) _____

PARTICIPANTS

Number of Students: 70 Faculty Sponsors: 2 Other Chaperones: 6 Total # of Participants: 78

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

Faculty Sponsor's Signature

Date
6/8/18

Principal's Signature

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:** _____