

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 TCHS FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____☐ Organization/Club Trip (specify) _____ ☐ Other (athletic, band, if applicable) Volleyball MatchDESTINATION Clarksville Northwest ADDRESS 800 Lafayette Rd PHONE 931 648 5675
Clarksville TN 37042☒ Out-of-State ☐ Out-of-County ☐ Within-County☐ Overnight (Give name, address, phone of lodging) _____DATE(S) OF TRIP August 20, 2018 DEPARTURE TIME 4:00pm RETURN TIME 10:00pmPURPOSE/EDUCATIONAL VALUE FLJVLY Volleyball vs Clarksville Northwest HighSOURCE OF FUNDING FOR TRIP TCHS AthleticsBILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER (SPECIFY) _____

PARTICIPANTS

NUMBER OF STUDENTS 20-23 FACULTY SPONSORS 2 OTHER CHAPERONES _____ TOTAL # OF PARTICIPANTS 22-27

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 ☐ NoDoug Hargrove Head Volleyball Coach 6/11/18

Faculty Sponsor's Signature Date

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:

Review/Revised:1/27/05