

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 Middle FACULTY MEMBER(S) SPONSORING TRIP Cammie Evans & 10th grade teachers
 TYPE OF TRIP (Check one):
☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 10th
☐ Organization/Club Trip (specify) _____ ☐ Other (athletic, band, if applicable) _____
 DESTINATION Austin Peay State Univ. ADDRESS Clarksville, TN PHONE 931-221-7661
☒ Out-of-State ☐ Out-of-County ☐ Within-County
☐ Overnight (Give name, address, phone of lodging) _____

DATE(S) OF TRIP Thursday, Sept. 20, 2018 DEPARTURE TIME 8:45am RETURN TIME 2:30pm
 PURPOSE/EDUCATIONAL VALUE To allow students to tour the college campus and learn more about programs of study
 SOURCE OF FUNDING FOR TRIP '12 Toms SBOM; '12 Board of Ed.

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

PARTICIPANTS
 Number of Students 149 Faculty Sponsors 8 Other Chaperones 12 Total # of Participants 157

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

Cammie Evans
 Faculty Sponsor's Signature
Ang Breck
 Principal's Signature

8/27/18
 Date
8/27/18
 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