

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 Bernard Lewis

TYPE OF TRIP (Check one):

☒ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify Thoroughbred Students
☐ Organization/Club Trip (specify) _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION Nashville TN ADDRESS _____ PHONE _____

☒ Out-of-State ☐ Out-of-County ☐ Within-County

☐ Overnight (Give name, address, phone of lodging) _____

DATE(S) OF TRIP 10-2-18 DEPARTURE TIME 10:00 AM RETURN TIME 10ish

PURPOSE/EDUCATIONAL VALUE Opera Experience

SOURCE OF FUNDING FOR TRIP Students Travel

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

PARTICIPANTS

Number of Students _____ 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

[Signature] Faculty Sponsor's Signature

[Signature] Principal's Signature

Date

9.20.18

Date

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

[Signature] Superintendent/Designee's Signature

Date

The Board must approve overnight trips.

Date of Board approval: _____

Order Number: _____

Review/Revised:1/27/05