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 TC!	45	(FACULTY)	Member(s)	SPONSORING TRIP	
TYPE OF TRIP (Check of	ne):			*	
☐ Classroom Field Tr		Trip (i.e.,	junior,	senior), specify	
Organization/Club	Trip (specify) ຝ	Is Basketball	Other (athletic,	band, if applicable)	
	4 12 120	251 East Pine		, , , , ,	
DESTINATION // H's	I Sal I Buo	NE (931) 905-7900			
Out-of-State O			Clarlesville,	720 37042	
□ Overnight	(Give	name, address,	phone	of lodging)	
DATE(S) OF TRIP	San 5, 2018	Departure 1	TIME 8:00 A	RETURN TIME	
Purpose/Educational Athletics	-			VALUE	
Source Athletics	OF	FUNDING	FOR	TRIP	
	To: Sponsoring	Organization School	Council Boa	rd 🖪 Other (Specify)	
PARTICIPANTS		17			
Number of Students	/ 8 Faculty Spons	ors <u>4</u> Other Chap	perones T	otal # of Participants	
TRANSPORTATION					
	-	🗆 No 🖪 Yes (See Procedi	ire 09.36 AP.212)		
■ Bus	Other Board-owi		T. d. a.	. .	
<u></u>	Private	Vehicle(s)	List	drivers:	
Notification	to parents/guardians	hat private vehicles are to	be used? 🗆 Yes 🕻	J No	
	Certificated	Common	Carrier	(Specify)	
Have all chap	t of names of adults a perones undergone nee to supervise stud	ccompanying students on the required records lents? Yes No	trip.) check and beer	n designated by the	
	Coll	9125/18			
Faculty Sponsor's Signature			Date		