## **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.,	-		
Organization/Club Trip (specify)			c, band, if a	pplicable)
DESTINATION 50/ Broad way, No Briggiston Arroa Phone	ashville TA	37203		A DDRESS
Out-of-State Out-of-County Within-C Overnight (Give name	ounty	phone	of	lodging)
DATE(S) OF TRIP 11/19/18	DEPARTURE	TIME 8:300	RETUR	n Time
PURPOSE/EDUCATIONAL NOShville Predators Leadership Night Value				
SOURCE A STIP OF	FUNDING	FOR		TRIP
BILL TRIP EXPENSES TO: Sponsoring Organization  School Council  Soard Other (Specify)				
PARTICIPANTS  Number of Students Faculty Sponsors Other Chaperones Marticipants  Other Chaperones Other Chaperones				
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 p	rivate vehicles are to	o 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? If Yes I No				
Faculty Sponsor's Signature		10/18	Date   { { { { { { { { }} } } }	

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