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 Trigg Co. High School FACULTY MEMBER(S) SPONSORING TRIP Toree McMain
TYPE OF TRIP (Check one):
Classroom Field Trip Class Trip (i.e., junior, senior), specify
Organization/Club Trip (specify) Other (athletic, band, if applicable) Softball
DESTINATION Stewart Co. High School Address 120 Roberton Hill Rd. Dover PHONE (931) 232-517 Dout-of-State Out-of-County Within-County To
□ Overnight (Give name, address, phone of lodging)
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DATE(S) OF TRIP 3/19/19 DEPARTURE TIME 3:30 RETURN TIME 9:30
PURPOSE/EDUCATIONAL VALUE To play a variety of competition
Source of funding for trip TCHS Softball
BILL TRIP EXPENSES TO: Sponsoring Organization School Council Board Other (Specify) TCHS Soft ball
PARTICIPANTS 2
Number of Students 22 Faculty Sponsors 2 Other Chaperones 1 Total # of Participants 25 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
The memour
Faculty Sponsor's Signature Date
- One 1.16,19
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