

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 / Adam Turner

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 Pigeon Forge ADDRESS _____ PHONE _____

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

☒ Overnight (Give name, address, phone of lodging) Grand Chalet (VRBO), Mill Creek Rd. Pigeon Forge, TN, (888)-640-7927

DATE(S) OF TRIP 3/31/19 - 4/4/19 DEPARTURE TIME 1:00 PM RETURN TIME 8:00 PM

PURPOSE/EDUCATIONAL VALUE To see a variety of competition during spring break

SOURCE OF FUNDING FOR TRIP TCHS Softball

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

PARTICIPANTS

Number of Students 22 Faculty Sponsors 2 Other Chaperones 6 Total # of Participants 30

TRANSPORTATION

Is District transportation needed? ☐ No ☒ Yes (See Procedure 09.36 AP.212)

☒ Bus ☐ Other Board-owned/insured vehicle

☐ Private Vehicle(s) List drivers: _____

Adam Turner

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

Toree McMain

Faculty Sponsor's Signature

1/16/2019

Date

Steven n

Principal's Signature

1.16.19

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