

School-Related Student Trip Request Form

## INSTRUCTIONS

1. Requests for trips (athletic events, conferences, field trips, etc....) must be submitted 3 weeks prior to trip.
2. Requests for overnight or out-of-state trips must be submitted 6 weeks prior to trip.
3. Please attach a tentative transportation itinerary, including any planned stops.
4. If overnight trip, attach name, address and phone number of lodging.

SCHOOL AC-SH FACULTY MEMBER IN CHARGE Keegan Cook

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip      Organization/Club Trip, specify Volleyball  
 Class Trip (i.e. junior, senior), specify \_\_\_\_\_ Other (Athletic, etc...) specify, \_\_\_\_\_

• DESTINATION: Water town TN ADDRESS Watertown TN PHONE \_\_\_\_\_Out of State

Out of County

Within County

Overnight

• DATE(S) OF TRIP 8-10-19 TIME YOU PLAN TO DEPART FROM SCHOOL 7am• APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 7pmPURPOSE/EDUCATIONAL VALUE Volleyball MatchBILL TRIP EXPENSES TO: Volleyball

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY*

• NUMBER OF: Students 24 Faculty Sponsors 3 Other Chaperones \_\_\_\_\_  
 Total # of Participants (Riders) 27

## MODE OF TRANSPORTATION

Is District Transportation Needed? No Yes, see Procedure 09.36 AP.212

Certificated Common Carrier (i.e. Charter Bus), specify company \_\_\_\_\_

Private Vehicle, if allowed by policy; specify driver(s) \_\_\_\_\_

Any special transportation needs? (e.g. under storage compartments for luggage, etc...) \_\_\_\_\_

## 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

R. J. Cook  
Signature of Faculty Sponsor2-25-19  
DateTrip has been approved disapproved, reason for disapproval \_\_\_\_\_A. J. McCoy 2-25-2019

Signature of Superintendent/Designee

Date

For overnight and/or out of state trips, approval of thee Superintendent and/or Board may be required by policy 09.36.

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SCHOOL AC-SH FACULTY MEMBER IN CHARGE Keegan Cook

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip      Organization/Club Trip, specify Volleyball  
 Class Trip (i.e. junior, senior), specify \_\_\_\_\_ Other (Athletic, etc...) specify, \_\_\_\_\_

• DESTINATION: Shiloh Camp High ADDRESS Gallatin TN PHONE \_\_\_\_\_Out of State

Out of County

Within County

Overnight

• DATE(S) OF TRIP 8-21-19 TIME YOU PLAN TO DEPART FROM SCHOOL 3:15pm• APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 8:30pmPURPOSE/EDUCATIONAL VALUE Volleyball MatchBILL TRIP EXPENSES TO: Volleyball

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY*

• NUMBER OF: Students 24 Faculty Sponsors 3 Other Chaperones \_\_\_\_\_  
 Total # of Participants (Riders) 27

## MODE OF TRANSPORTATION

Is District Transportation Needed? No Yes, see Procedure 09.36 AP.212

Certificated Common Carrier (i.e. Charter Bus), specify company \_\_\_\_\_

Private Vehicle, if allowed by policy; specify driver(s) \_\_\_\_\_

Any special transportation needs? (e.g. under storage compartments for luggage, etc...) \_\_\_\_\_

## 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

Keegan Cook  
Signature of Faculty Sponsor2-25-19  
DateTrip has been approved disapproved, reason for disapproval \_\_\_\_\_Janet McCoy 2/25/2019  
Signature of Superintendent/Designee

Date

For overnight and/or out of state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

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4. If overnight trip, attach name, address and phone number of lodging.

SCHOOL AC-SH FACULTY MEMBER IN CHARGE Keegan Cool

## TYPE OF TRIP (CHECK ONE):

Classroom Field Trip      Organization/Club Trip, specify Volleyball  
 Class Trip (i.e. junior, senior), specify \_\_\_\_\_ Other (Athletic, etc...) specify, \_\_\_\_\_

• DESTINATION: Watertown TN ADDRESS Watertown TN PHONE \_\_\_\_\_Out of StateOut of County

Within County

Overnight

• DATE(S) OF TRIP 9-21-19 TIME YOU PLAN TO DEPART FROM SCHOOL 6am• APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 8pmPURPOSE/EDUCATIONAL VALUE Volleyball MatchBILL TRIP EXPENSES TO: Volleyball

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY

• NUMBER OF: Students 24 Faculty Sponsors 3 Other Chaperones \_\_\_\_\_  
 Total # of Participants (Riders) 27

## MODE OF TRANSPORTATION

Is District Transportation Needed? No Yes, see Procedure 09.36 AP.212

Certificated Common Carrier (i.e. Charter Bus), specify company \_\_\_\_\_

Private Vehicle, if allowed by policy; specify driver(s) \_\_\_\_\_

Any special transportation needs? (e.g. under storage compartments for luggage, etc...) \_\_\_\_\_

## 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

Ry Chert  
Signature of Faculty Sponsor2-25-19  
DateTrip has been approved disapproved, reason for disapproval \_\_\_\_\_Jeffrey 2/25/2019

Signature of Superintendent/Designee

Date

For overnight and/or out of state trips, approval of the Superintendent and/or Board may be required by policy 09.36.



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4. If overnight trip, attach name, address and phone number of lodging.

SCHOOL ACSHS FACULTY MEMBER IN CHARGE Angeza Gott

## TYPE OF TRIP (CHECK ONE):

Classroom Field Trip ☐ Organization/Club Trip, specify FCCLA Fall Skills Demonstration  
 Class Trip (i.e. junior, senior), specify \_\_\_\_\_ Other (Athletic, etc...) specify, \_\_\_\_\_

DESTINATION: Dallas, TX ADDRESS \_\_\_\_\_ PHONE Competition

☒ Out of State

☐ Out of County

☐ Within County

☒ Overnight

DATE(S) OF TRIP Nov 15-17, 19 TIME YOU PLAN TO DEPART FROM SCHOOL TBD Based on commercial travel  
 APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL \_\_\_\_\_

PURPOSE/EDUCATIONAL VALUE Curriculum based competitions, leadership development  
 BILL TRIP EXPENSES TO: FCCLA community service,

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY*

NUMBER OF: Students 3 Faculty Sponsors 1 Other Chaperones 0  
 Total # of Participants (Riders) 4

## MODE OF TRANSPORTATION

Is District Transportation Needed? ☒ No Yes, see Procedure 09.36 AP.212

Certificated Common Carrier (i.e. Charter Bus), specify company TBD

Private Vehicle, if allowed by policy; specify driver(s) \_\_\_\_\_

Any special transportation needs? (e.g. under storage compartments for luggage, etc...) \_\_\_\_\_

## 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]  
 Signature of Faculty Sponsor

5/24/19  
 Date

Trip has been approved ☒ disapproved, reason for disapproval \_\_\_\_\_

[Signature]  
 Signature of Superintendent/Designee

\_\_\_\_\_  
 Date

For overnight and/or out of state trips, approval of thee Superintendent and/or Board may be required by policy 09.36.