

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 Allen County-Scottsville HS. FACULTY MEMBER IN CHARGE H. Adams

TYPE OF TRIP (CHECK ONE):

☒ Classroom Field Trip ☐ Organization/Club Trip, specify _____☐ Class Trip (i.e. junior, senior), specify 11th & 12th ☐ Other (Athletic, etc...) specify, _____DESTINATION: Partheon & Cheekwood ADDRESS 2500 W End Ave PHONE 615-862-8431
Nashville, TN 1200 Forrest Park Drive 615 356 8000
Nashville, TN☒ Out of State☐ Out of County☐ Within County☐ OvernightDATE(S) OF TRIP 09/16/2019 TIME YOU PLAN TO DEPART FROM SCHOOL 7:50APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 2:40PURPOSE/EDUCATIONAL VALUE To better understand the history of the Partheon and Greek architecture.BILL TRIP EXPENSES TO: Activity Fund - Art Dept.

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 20 Faculty Sponsors 2 Other ^{Bus} Chaperones 1
Total # of Participants (Riders) 23

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 ☐ NoHopel
Signature of Faculty SponsorAug 16, 2019
DateTrip has been ☒ approved ☐ disapproved, reason for disapproval _____Joseph M. [Signature]
Signature of Superintendent/Designee8/16/2019
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 ACSHS FACULTY MEMBER IN CHARGE Huff/Stamps

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify _____
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, Marching Band

DESTINATION Cincinnati, Ohio ADDRESS _____ PHONE _____

Out of State

Out of County

Within County

Overnight

DATE(S) OF TRIP 11/8-10/19 TIME YOU PLAN TO DEPART FROM SCHOOL TBA

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL _____

PURPOSE/EDUCATIONAL VALUE _____

BILL TRIP EXPENSES TO: _____

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 76 Faculty Sponsors 2 Other Chaperones 3
 Total # of Participants (Riders) 81

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 Yes No

[Signature]
 Signature of Faculty Sponsor

8/12/19
 Date

Trip has been approved disapproved, reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

8/12/2019
 Date

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SCHOOL ACSHS FACULTY MEMBER IN CHARGE Chelly Taylor-Stamps

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify Travel Club-Spring Break Trip
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____

DESTINATION: Belize ADDRESS _____ PHONE _____☒ Out of State☐ Out of County☐ Within County☐ OvernightDATE(S) OF TRIP 4/3-4/10/2021 TIME YOU PLAN TO DEPART FROM SCHOOL meet in NashvilleAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL arrive back @ Nashville AirportPURPOSE/EDUCATIONAL VALUE history, Culture, & Ecology in BelizeBILL TRIP EXPENSES TO: students will pay for trip expenses

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 2 Other Chaperones _____
 Total # of Participants (Riders) 26

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...) Airport / Charter BUS

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 of Faculty Sponsor

Date

Trip has been ☒ approved ☐ disapproved, reason for disapproval _____

Signature of Superintendent/Designee

Date

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SCHOOL ACS HS FACULTY MEMBER IN CHARGE Head

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify JV Football
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____

DESTINATION: Portland ADDRESS TN PHONE _____

☒ Out of State

☐ Out of County

☐ Within County

☐ Overnight

DATE(S) OF TRIP 10-14 TIME YOU PLAN TO DEPART FROM SCHOOL 4:15

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 9:30

PURPOSE/EDUCATIONAL VALUE JV Football

BILL TRIP EXPENSES TO: Football

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 30 Faculty Sponsors 4 Other Chaperones _____
 Total # of Participants (Riders) 34

MODE OF TRANSPORTATION

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

Certificated Common Carrier (i.e. Charter Bus), specify company 1 Bus

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

8-1-19
 Date

Trip has been ☒ approved ☐ disapproved, reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

8/2/2019
 Date

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SCHOOL ACS HS FACULTY MEMBER IN CHARGE Hood

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify JV Football
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____

DESTINATION: Westmoreland ADDRESS TN PHONE _____

☒ Out of State

☐ Out of County

☐ Within County

☐ Overnight

DATE(S) OF TRIP 9-23-19 TIME YOU PLAN TO DEPART FROM SCHOOL 4:45

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 9:00

PURPOSE/EDUCATIONAL VALUE JV

BILL TRIP EXPENSES TO: Football

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[Signature]
 Signature of Faculty Sponsor

8-1-19
 Date

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[Signature]
 Signature of Superintendent/Designee

8/2/2019
 Date

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