- 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.

b and the second
SCHOOL Allen County-Scottwille 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 1/4h 1/2+h  DESTINATION:  Parthoon 1 Checkwood ADDRESS 1200 Forcest Park Drive PHONE 615-862-84  Out of State Out of County Within County Overnight
Out of State Out of County Within County Overnight
DATE(S) OF TRIP 09 6 2019 TIME YOU PLAN TO DEPART FROM SCHOOL 7:50
APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 2:40  PURPOSE/EDUCATIONAL VALUE and Greek architecture.
BILL TRIP EXPENSES TO: Activity Fund - Art Dept.
Attach a description or estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.
NUMBER OF: Students Faculty Sponsors Other Chaperones / Total # of Participants (Riders) 23
MODE OF TRANSPORTATION
Is District Transportation Needed? No Certificated Common Carrier (i.e. Charter Bus), specify company
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 of Faculty Sponsor  Date
Trip has been approved disapproved, reason for disapproval
Signature of Superintendent/Designee  For overnight and/or out of state trips, approval of thee Superintendent and/or Board may be required by policy 09.36.

#### 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.

4. If overlinging trip, attach hame, address and phone number of lodging.
SCHOOL ACSHS FACULTY MEMBER IN CHARGE Huff/Stamps
TYPE OF TRIP (CHECK ONE):
Classroom Field Trip Organization/Club Trip, specify Other (Athletic, etc) specify, Marching Brush
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 74 Faculty Sponsors 2 Other Chaperones 3
MODE OF TRANSPORTATION
Is District Transportation Needed? No Xes, 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
Signature of Faculty Spanson
Signature of Faculty Sponsor Date
Trip has been approved disapproved, reason for disapproval

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

Signature of Superintendent/Designee

Date

- 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 an	d phone	number	of lodging.
		,		Parotto	2200222002	or roughing.

SCHOOL ACSHS FACULTY MEMBER INCHARGE 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 Overnight
DATE(S) OF TRIP 1/3-1/10/2021 TIME YOU PLAN TO DEPART FROM SCHOOL meet in Abshir
APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL ORGIN hour SALE WITPOW
PURPOSE/EDUCATIONAL VALUE thistory Culture, & Ecology in Betize
PURPOSE/EDUCATIONAL VALUE thistory Culture & Ecology in Betize  BILL 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 4 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
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?  No  5-24-19
Signature of Faculty Sponsor Date
Trip has been approved disapproved, reason for disapproval
Signature of Superintendent/Designee  For overnight and/or out of state trips, approval of thee Superintendent and/or Board may be required by policy 09.36.

- 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 ACS HS FACULTY MEMBER IN CHARGE  TYPE OF TRIP (CHECK ONE):  Classroom Field Trip Class Trip (i.e. junior, senior), specify Other (Athletic, etc) specify, Other (Athletic, etc) specify of School o	4. If overlight trip, attach hame, address and phone humber of lodging.
Class Trip (i.e. junior, senior), specify Other (Athletic, etc) specify,  DESTINATION: Out of County Within County Overnight  DATE(S) OF TRIP // TIME YOU PLAN TO DEPART FROM SCHOOL ///5  APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL ///30  PURPOSE/EDUCATIONAL VALUE JY foot //  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 Faculty Sponsor Other Chaperones  Total # of Participants (Riders)  Signature of Faculty Sponsor  Signature of Faculty Sponsor  Date  Signature of Superintendent/Designee  Date  Date	SCHOOL ACS HS FACULTY MEMBER IN CHARGE Hood
Class Trip (i.e. junior, senior), specify Other (Athletic, etc) specify,  DESTINATION: ADDRESS PHONE  Out of State Out of County Within County Overnight  DATE(S) OF TRIP // TIME YOU PLAN TO DEPART FROM SCHOOL ///5  APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL ///30  PURPOSE/EDUCATIONAL VALUE V / OTHER PROSE/EDUCATIONAL VALUE V / OTHER PROSE/EDUCATION OF STUDENTS OF AN INABILITY TO PAY  NUMBER OF: Students S Faculty Sponsors Other Chaperones Total # of Participants (Riders) S / OTHER CHAPTER SUMMERS OF ADULTS ACCOMPANYING STUDENTS ON TRIP)  Is District Transportation Needed? No Yes, see Procedure 49,36 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 undergrane the required records check and been designated by the principal/designee to supervise students? No  Signature of Faculty Sponsor  Date  Title has been approved disapproved, reason for disapproval  Signature of Superintendent/Designee  Date	TYPE OF TRIP (CHECK ONE):
DESTINATION: Pot Address Development ADDRESS PHONE  Out of State Out of County Within County Overnight  DATE(S) OF TRIP 10 - TIME YOU PLAN TO DEPART FROM SCHOOL 4/15  APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 9/30  PURPOSE/EDUCATIONAL VALUE TY FOOT ALL BE DEVELOPMENT STALL BE	
Out of State Out of County Within County Overnight  DATE(S) OF TRIP // - /4 TIME YOU PLAN TO DEPART FROM SCHOOL // / 5  APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL // / 3 O  PURPOSE/EDUCATIONAL VALUE	
APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 4.5  APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 9.30  PURPOSE/EDUCATIONAL VALUE JY Follows  BILL TRIP EXPENSES TO: Follows  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 IMABILITY TO PAY**  NUMBER OF: Students Faculty Sponsors Other Chaperones  Total # of Participants (Riders) Other Chaperones  Total # of Part	DESTINATION: FOR ADDRESS TO PHONE
APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL  PURPOSE/EDUCATIONAL VALUE  JY For Jacob  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  Faculty Sponsors  Other Chaperones  Total # of Participants (Riders)  WODE OF TRANSPORTATION  Is District Transportation Needed?  No  Yes, see Procedure 99:36 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 undergrape the required records check and been designated by the principal/designee to supervise studying?  No  Signature of Faculty Sponsor  Date  Signature of Superintendent/Designee  Date	
PURPOSE/EDUCATIONAL VALUE	DATE(S) OF TRIP 10-14 TIME YOU PLAN TO DEPART FROM SCHOOL 4:15
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	
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and all other anticipated travel expenses.  No STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY  NUMBER OF: Students	BILL TRIP EXPENSES TO: FOO / 64/
NUMBER OF: Students 3 Faculty Sponsors Other Chaperones Total # of Participants (Riders) 5  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?  Signature of Faculty Sponsor  Date  Signature of Superintendent/Designee  Date	
NUMBER OF: Students 3 Faculty Sponsors Other Chaperones Total # of Participants (Riders) 5  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?  Signature of Faculty Sponsor  Date  Signature of Superintendent/Designee  Date	NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY
Total # of Participants (Riders)  MODE OF TRANSPORTATION  Is District Transportation Needed? No Yes, see Procedure 99 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?  Signature of Faculty Sponsor  Date  Signature of Superintendent/Designee  Date	
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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?  Signature of Faculty Sponsor  Date  Signature of Superintendent/Designee  Date	
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?  Signature of Faculty Sponsor  Date  Signature of Superintendent/Designee  Date	Certificated Common Carrier (i.e. Charter Bus), specify company
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?  Signature of Faculty Sponsor  Date  Signature of Superintendent/Designee  Date	
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?  Signature of Faculty Sponsor  Date  Signature of Superintendent/Designee  Date	
Trip has been approved disapproved, reason for disapproval  Signature of Superintendent/Designee  Date	Have all chaperones undergone the required records check and been designated by the principal/designee
Signature of Superintendent/Designee Date	Signature of Faculty Sponsor Date
	Jeff M Eg 8/2/2019

- 1. Requests for trips (athletic events, conferences, field trips, etc....) must be submitted 3 weeks prior to trip.
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- 4. If overnight trip, attach name, address and phone number of lodging.

SCHOOL ACS HS FACULTY MEMBER IN CHARGE HOOCL
TYPE OF TRIP (CHECK ONE):
Classroom Field Trip Organization/Club Trip, specify 1/ Football
Class Trip (i.e. junior, senior), specify Other (Athletic, etc) specify,
DESTINATION: WESTMORE AND ADDRESS 7 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
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 3
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?  No
Signature of Faculty Sponsor Date
Trip has been approved disapproved, reason for disapproval
Signature of Superintendent/Designee  For overnight and/or out of state trips, approval of thee Superintendent and/or Board may be required by policy 09.36.