## School-Related Student Trip Request Form

## IN STRUCTIONS

- 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 ladding.

4. If overnight trip, attach name, address and phone number of lodging.
SCIHOOL ACSHS FACULTY MEMBER IN CHARGE D. Towe + J. Croft
TY PE OF TRIP (CHECK ONE).
Classroom Field Trip Organization/Club Trip, specify Office Competition 8 Nowcase Class Trip (i.e. junior, senior), specify Other (Athletic, etc) specify,
DESTINATION: Wilson County Expo Center ADDRESS Leleanon To PHONE
Out of State Out of County Within Country
DATE(S) OF TRIP 10/20/19 TIME YOU PLAN TO DEPART FROM SCHOOL STON
APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 500-
PUR POSE/EDUCATIONAL VALUE COMPETITION Showcose
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
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 ACCOUNT ANY THE
The same with a same same same same same same same sa
Diane la Jane
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.

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- 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 ACCTC FACULTY MEMBER IN CHARGE MONICO BROWN
TYPE OF TRIP (CHECK ONE):
Classroom Field Trip Organization/Club Trip, specify FBLA  Class Trip (i.e. junior, senior), specify Other (Athletic, etc) specify,  DESTINATION: Nissan Stadium ADDRESS Trians Way PHONE 615-565-421  Out of State Out of County Within County Within County 37213 Overnight
DESTINATION: MISSAIN Stadium ADDRESS   Titans Way PHONE 1015-115-475
Out of State Out of County Within County Within County
TIME YOU PLAN TO DEPART FROM SCHOOL SOO A MA
THE THE TOUR PLANTO BE BACK AT SCHOOL / AN INTERPRETATION OF THE PROPERTY OF T
PURPOSE/EDUCATIONAL VALUE To attend Titans Learning Lab
PIED INTERNSES TO: FISH A
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  Total # of Participants (Riders) 32  Faculty Sponsors 2  Other Chaperones
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  NO  Onica Bean  Gindy Scott  914119
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.