

## 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 ACIC FACULTY MEMBER IN CHARGE Halie Brown

## TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Bottomview Farms ADDRESS 185 Wilkerson Lane PHONE 615 325 7017  
Portland TN 37148

☒ Out of State 10/25/19 ☐ Out of County ☐ Within County

☐ Overnight

DATE(S) OF TRIP 10/28/19 TIME YOU PLAN TO DEPART FROM SCHOOL 8:15

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 2:15

PURPOSE/EDUCATIONAL VALUE money skills, life skills, interpersonal skills,

BILL TRIP EXPENSES TO: 060-1-022-0894 following a schedule

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 10 Faculty Sponsors 6 Other Chaperones \_\_\_\_\_  
 Total # of Participants (Riders) 16

## 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...) n/a

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 ☐

Halie Brown  
 Signature of Faculty Sponsor

9/25/19  
 Date

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

[Signature]  
 Signature of Superintendent/Designee

10/15/19  
 Date

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

**Agenda:**

**8:15 – depart from ACIC**

**9:00 – arrive at Bottomview Farms**

**1:30 – depart from Bottomview Farms**

**2:15 – arrive at ACIC**

Vehicle Request Form

## INSTRUCTIONS

1. Requests must be submitted to the Transportation Department two weeks prior to each trip.
2. Any request that is submitted less than two weeks in advance of the planned trip will require the principal and transportation director's approval.
3. Please attach a tentative transportation itinerary, including any planned stops.
4. If overnight trip, attach name, address and phone number of lodging.

THIS SECTION TO BE COMPLETED BY PRINCIPAL

School ACIC Teacher In Charge Halie Brown / Michelle Robbins  
 Date Trip Was Approved 10/15 By Whom Mr. Holland  
 Destination Bottom View Farms Street Address 185 Wilkeson Lane Portland TN 37148  
☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight  
 Date(s) Of Trip 10/28 Departure Time From School 8:15 Time you plan to arrive back at school 2:15  
 Charge Trip Expenses To 060-1-023-0894  
 Number of Riders (including sponsors and chaperones) 16  
 Number of Bus(es) 1 Special Needs w/Lift \_\_\_\_\_  
 Any special transportation needs? (e.g. under storage compartments for luggage, etc...)

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT

Bus Number _____	Driver's Name _____
Time: Depart _____	Return _____ Total Hours _____
Mileage: Depart _____	Return _____ Total Miles _____
Actual Expenses: Driver(s) \$ _____	Fuel Usage: _____
Meals \$ _____	Lodging \$ _____ Fuel \$ _____
Signature of Transportation Director _____	Date _____

Mileage Owed to Board of Education: \$ \_\_\_\_\_

The sponsoring group is responsible for all transportation costs associated with the trip, including the driver's salary plus any applicable overtime wages and deductions required by law.