

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 ACSHS FACULTY MEMBER IN CHARGE B. BONDS J. RIPPY  
C. NAPIER B. DEWITT  
 TYPE OF TRIP (CHECK ONE):  
 Classroom Field Trip      Organization/Club Trip, specify \_\_\_\_\_  
 Class Trip (i.e. junior, senior), specify \_\_\_\_\_ Other (Athletic, etc...) specify, BOYS BASKETBALL  
 DESTINATION: WESTMORELAND H.S. ADDRESS Westmoreland, TN PHONE \_\_\_\_\_  
☒ Out of State      ☒ Out of County      Within County      Overnight  
 DATE(S) OF TRIP 1-17-20 TIME YOU PLAN TO DEPART FROM SCHOOL 5:30 pm  
 APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 9:30 pm  
 PURPOSE/EDUCATIONAL VALUE BASKETBALL GAMES - V  
 BILL TRIP EXPENSES TO: BOYS BASKETBALL - BOARD

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 26 Faculty Sponsors 4 Other Chaperones \_\_\_\_\_  
 Total # of Participants (Riders) 30

## 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...) \_\_\_\_\_

BALL BAGS, MEDICAL BAG, SUPPLY BAGS, 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

Brian Bonds

Signature of Faculty Sponsor

10-2-19

Date

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

Joseph M. Cuy

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.

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 ACSHS FACULTY MEMBER IN CHARGE Cheryl 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 Cheryl Taylor-StampsDate 5-24-19Trip has been ☒ approved ☐ disapproved, reason for disapproval \_\_\_\_\_Signature of Superintendent/Designee James HenryDate 8/26/19

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

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 ACSHS FACULTY MEMBER IN CHARGE Chelly Taylor-Stamps

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Ireland ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_☒ Out of State☐ Out of County☐ Within County☐ OvernightDATE(S) OF TRIP 6/25/21 - 7/6/21 TIME YOU PLAN TO DEPART FROM SCHOOL Meet @ AirportAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL Arrive back @ Nashville AirportPURPOSE/EDUCATIONAL VALUE History, Culture & Ecology in ScotlandBILL 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 23 Faculty Sponsors 2 Other Chaperones \_\_\_\_\_  
 Total # of Participants (Riders) 25

## 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 ☐Chelly Taylor-Stamps  
Signature of Faculty Sponsor10-14-19  
DateTrip has been ☒ approved ☐ disapproved, reason for disapproval \_\_\_\_\_[Signature]  
Signature of Superintendent/Designee10/25/2019  
Date

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

School-Related Student Trip Request Form

## INSTRUCTIONS

OVERTON

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 JEREMY BYRN

TYPE OF TRIP (CHECK ONE):

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

 DESTINATION: Overton High School ADDRESS 4820 FRANKLIN RD NASHVILLE, TN PHONE 615-333-5735
☒ Out of State☐ Out of County☐ Within County☐ OvernightDATE(S) OF TRIP 1/25/20 TIME YOU PLAN TO DEPART FROM SCHOOL TBD AMAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBD PMPURPOSE/EDUCATIONAL VALUE METRO NASHVILLE SCIENCE OLYMPIAD INVITATION

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 26 Faculty Sponsors 1 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 ☐

Jeremy Byrn  
Signature of Faculty Sponsor10/28/19  
DateTrip has been approved ☒ disapproved, reason for disapproval \_\_\_\_\_Jeffrey G. 11/4/2019  
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.