

School-Related Student Trip Request Form

Todd Stamps  
on  
Shaun Huff  
Will Drive

## 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 Huff/Stamps/Huff

## TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify \_\_\_\_\_

Class Trip (i.e. junior, senior), specify \_\_\_\_\_

Other (Athletic, etc...) specify, Winter Guard

DESTINATION: Summit High School ADDRESS 2830 Twin Lakes Drive  
Spring Hill, TN 37174 PHONE (615) 72-5100

Out of State

Out of County

Within County

Overnight

DATE(S) OF TRIP 2/1/20 TIME YOU PLAN TO DEPART FROM SCHOOL TBD

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBD

PURPOSE/EDUCATIONAL VALUE SCGC Winter Guard Competition

BILL TRIP EXPENSES TO: ACSHS BAND BOOSTERS

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 35 Faculty Sponsors 2 Other Chaperones 3  
Total # of Participants (Riders) 40

## 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

[Signature]  
Signature of Faculty Sponsor

11/25/19

Date

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

[Signature]  
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.

## STUDENTS

School-Related Student Trip Request Form

Todd Stamps 09.36 AP.21  
or  
Shawn Huff  
Will Drive

## INSTRUCTIONS

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SCHOOL ACSHSFACULTY MEMBER IN CHARGE Huff, Stamps, Huff

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify

Class Trip (i.e. junior, senior), specify

Other (Athletic, etc...) specify, Winter GuardDESTINATION: KnoxvilleADDRESS TBD

PHONE \_\_\_\_\_

Out of State

Out of County

Within County

OvernightDATE(S) OF TRIP 2/14-16/20 TIME YOU PLAN TO DEPART FROM SCHOOL TBDAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBDPURPOSE/EDUCATIONAL VALUE WGI Knoxville RegionalBILL TRIP EXPENSES TO: ACSHS BAND BOOSTERS

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 16 Faculty Sponsors 2 Other Chaperones 3  
Total # of Participants (Riders) 21

## 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

J. Huff  
Signature of Faculty Sponsor

11/25/19  
Date

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

J. Huff  
Signature of Superintendent/Designee

11/26/2019  
Date

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

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Todd Stamps 09.36 AP.21  
 or  
 Shawn Huff  
 Will Drive

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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 Huff, Stamps, Huff

## TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify

Class Trip (i.e. junior, senior), specify

Other (Athletic, etc...) specify, Winter Guard

DESTINATION: Bob Jones High School ADDRESS 650 Hughes Rd  
Madison, AL 35758 PHONE 256/772-2547

Out of State

Out of County

Within County

Overnight

DATE(S) OF TRIP 2/29/20 TIME YOU PLAN TO DEPART FROM SCHOOL TBD

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBD

PURPOSE/EDUCATIONAL VALUE SCGC Winter Guard Competition

BILL TRIP EXPENSES TO: ACSHS BAND BOOSTERS

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 35 Faculty Sponsors 2 Other Chaperones 3  
 Total # of Participants (Riders) 40

## MODE OF TRANSPORTATION

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Private Vehicle, if allowed by policy; specify driver(s) \_\_\_\_\_

Any special transportation needs? (e.g. under storage compartments for luggage, etc...) \_\_\_\_\_

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[Signature]  
 Signature of Faculty Sponsor

11/25/19  
 Date

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[Signature]  
 Signature of Superintendent/Designee

11/26/2019  
 Date

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School-Related Student Trip Request Form

Todd Stamps  
or  
Shaun Huff  
Will Drive  
09.36 AP.21

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SCHOOL ACSHS FACULTY MEMBER IN CHARGE Huff, Stamps, Huff

## TYPE OF TRIP (CHECK ONE):

Classroom Field Trip      Organization/Club Trip, specify \_\_\_\_\_

Class Trip (i.e. junior, senior), specify \_\_\_\_\_ Other (Athletic, etc...) specify, Winter Guard

DESTINATION: Nashville, TN ADDRESS TBD PHONE \_\_\_\_\_

Out of State

Out of County

Within County

Overnight

DATE(S) OF TRIP 3/7/20 TIME YOU PLAN TO DEPART FROM SCHOOL TBD

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBD

PURPOSE/EDUCATIONAL VALUE WGI Nashville Regional

BILL TRIP EXPENSES TO: ACSHS BAND BOOSTERS

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J. Huff  
Signature of Faculty Sponsor

11/25/19

Date

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

Joseph Huff  
Signature of Superintendent/Designee

11/26/2019  
Date

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SCHOOL ACSHS FACULTY MEMBER IN CHARGE Huff, Stamps, Huff

## TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify

Class Trip (i.e. junior, senior), specify

Other (Athletic, etc...) specify, Winter GuardDESTINATION: Spring Hill H.S. ADDRESS 1 Raider Lane PHONE 931/466-2207  
Columbin, TN 38401Out of State

Out of County

Within County

Overnight

DATE(S) OF TRIP 3/14/20 TIME YOU PLAN TO DEPART FROM SCHOOL TBDAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBDPURPOSE/EDUCATIONAL VALUE SCGC Winter Guard CompetitionBILL TRIP EXPENSES TO: ACSHS BAND BOOSTERS

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SCHOOL ACSHSFACULTY MEMBER IN CHARGE Huff, Stamps, Huff

## TYPE OF TRIP (CHECK ONE):

Classroom Field Trip      Organization/Club Trip, specify

Class Trip (i.e. junior, senior), specify Other (Athletic, etc...) specify, Winter GuardDESTINATION: University of Dayton ADDRESS Dayton, Ohio PHONE           Out of State

Out of County

Within County

OvernightDATE(S) OF TRIP 3/31 - 4/4/20 TIME YOU PLAN TO DEPART FROM SCHOOL TBDAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBDPURPOSE/EDUCATIONAL VALUE Winter Guard International World ChampionshipsBILL TRIP EXPENSES TO: Post Season / ACSHS BAND - POST SEASON / BOARDED PAID

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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