

School-Related Student Trip Request Form

09.36 AP.21

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 C. Napier

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: Portland High School ADDRESS _____ PHONE _____
☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight

DATE(S) OF TRIP 6-15 / 6-17 / 6-22 TIME YOU PLAN TO DEPART FROM SCHOOL TBA

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBA

PURPOSE/EDUCATIONAL VALUE Summer Basketball Camp

BILL TRIP EXPENSES TO: ACSHS Activity Fund - Boys Basketball

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 20 Faculty Sponsors 4 Other Chaperones _____
 Total # of Participants (Riders) 24

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...) _____
Under Storage

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

C. Napier
 Signature of Faculty Sponsor

5/26/21
 Date

Date

Trip has been ☒ approved ☐ disapproved, reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

5/26/21
 Date

Date

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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SCHOOL ACSHS FACULTY MEMBER IN CHARGE Cameron Cook

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify Volleyball
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____

DESTINATION: Watertown High School ADDRESS 9360 Sports Pike
Watertown, TN 37134 PHONE _____Out of State

Out of County

Within County

Overnight

DATE(S) OF TRIP 7-24-21 TIME YOU PLAN TO DEPART FROM SCHOOL 6:00 AMAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 6:00 PMPURPOSE/EDUCATIONAL VALUE Volleyball Match

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 25 Faculty Sponsors 2 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

Cameron J. Cook

Signature of Faculty Sponsor

4-26-21

Date

Trip has been approved disapproved, reason for disapproval _____Jan Scherry

Signature of Superintendent/Designee

6/9/21

Date

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