Jernight 09.36 AP.21

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 ACS HS FACULTY MEMBER IN CHARGE Covers Cook TYPE OF TRIP (CHECK ONE): Classroom Field Trip Organization/Club Trip, specify Other (Athletis, etc) specify. Class Trip (i.e. junior, senior), specify Other (Athletis, etc) specify. DESTINATION: Apollo High School ADDRESS Exercises XY 92361 PHONE 210-352-7 Out of State Out of County Within County Ovenight DATE(S) OF TRIP 8-20 Here 3-21 TIME YOU PLAN TO DEPART FROM SCHOOL 3:45 APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL GOOD (On He 21st) PURPOSE/EDUCATIONAL VALUE Apollo Source Slow Tourness! 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 S Faculty Sponsors Other Chaperones Total # of Participants (Riders) Total # of Participants (Riders) Total # of Participants (Riders) Any special 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 of Faculty Sponsor Date Trip has been approved disapproved, reason for disapproval For overnight and/or out of state trips.abproval of thee Superintendent and/or Board may be required by policy 09.36.	
Class Trip (i.e. junior, senior), specify	SCHOOL ACS 145 FACULTY MEMBER IN CHARGE Covers a Gook
DESTINATION: Apollo High School ADDRESS 2728 Farrage R. 19 specify 97351 PHONE 210-3572-7 Out of State Out of County Within County Overnight DATE(S) OF TRIP 3-20 How 3-21 TIME YOU PLAN TO DEPART FROM SCHOOL 3:45 APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 600 (on How 21st) PURPOSE/EDUCATIONAL VALUE Apollo Schools Schools Schools 3:45 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 5 Faculty Sponsors Other Chaperones 70 Total # of Participants (Riders) 77 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 of Faculty Sponsor Date Trip has been approved disapproved, reason for disapproval Application of the property of the participants of the par	TYPE OF TRIP (CHECK ONE):
Out of State Out of County Within County Overnight DATE(S) OF TRIP 2-20 + 1/10 2-21 TIME YOU PLAN TO DEPART FROM SCHOOL 3:45 APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 6:00 (on + 1/10 2) 2+ PURPOSE/EDUCATIONAL VALUE Apollo Souver Slam Townsort 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 15 Faculty Sponsors Other Chaperones Total # of Participants (Riders) 7 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 of Faculty Sponsor Date Trip has been approved disapproved, reason for disapproval Any Spantage of Superinterdent/Designee Date	Classroom Field Trip Organization/Club Trip, specify Volume (Athletic, etc) specify Other (Athletic, etc) specify
Out of State Out of County Within County Overnight DATE(S) OF TRIP 2-20 + 1/10 2-21 TIME YOU PLAN TO DEPART FROM SCHOOL 3:45 APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 6:00 (on + 1/10 2) 2+ PURPOSE/EDUCATIONAL VALUE Apollo Souver Slam Townsort 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 15 Faculty Sponsors Other Chaperones Total # of Participants (Riders) 7 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 of Faculty Sponsor Date Trip has been approved disapproved, reason for disapproval Any Spantage of Superinterdent/Designee Date	DESTINATION: Apollo High School ADDRESS Oversons KY 92301 PHONE 270-8572-7
APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL GOO (on He 21st) PURPOSE/EDUCATIONAL VALUE Apollo Summer Slam Tournant 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 5 Faculty Sponsors 2 Other Chaperones Total # of Participants (Riders) 7 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 5-7-21 **Signature of Faculty Sponsor** Date Trip has been approved disapproved, reason for disapproval 1/1/2, Signature of Superintendent/Designee Date	Out of State Out of County Within County Overnight
PURPOSE/EDUCATIONAL VALUE Apollo Sommer Slow Tournest 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 S Faculty Sponsors Other Chaperones Total # of Participants (Riders) 7 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 of Faculty Sponsor** Date Trip has been approved disapproved, reason for disapproval **Signature of Superintendent/Designee** Date	DATE(S) OF TRIP 8-20 time YOU PLAN TO DEPART FROM SCHOOL 3:45
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 IMABILITY TO PAY** NUMBER OF: Students S Faculty Sponsors Other Chaperones Total # of Participants (Riders) T 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 of Faculty Sponsor Date** Trip has been approved disapproved, reason for disapproval **Signature of Superinte Adent/Designee Date** **Date** **Da	APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 600 (on the ZIST)
Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses. **NOSTUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY** NUMBER OF: Students	PURPOSE/EDUCATIONAL VALUE Apollo Summer Slam Tournament
Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses. **NOSTUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY** NUMBER OF: Students	BILL TRIP EXPENSES TO:
NUMBER OF: Students 5	Attach a description of estimated expenses including, but not limited to, lodging, meals, registration,
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 of Faculty Sponsor Date Trip has been approved disapproved, reason for disapproval Approved Date Date	
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 of Faculty Sponsor Date Trip has been approved disapproved, reason for disapproval Approved Date Date	NUMBER OF: Students 15 Faculty Sponsors 2 Other Chaperones Total # of Participants (Riders)
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 of Faculty Sponsor Date Trip has been approved disapproved, reason for disapproval Signature of Superintendent/Designee Date	
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 of Faculty Sponsor Trip has been approved disapproved, reason for disapproval Signature of Superintendent/Designee Date	Certificated Common Carrier (i.e. Charter Bus), specify company
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No Signature of Faculty Sponsor Date	· · · · · · · · · · · · · · · · · · ·
Trip has been approved disapproved, reason for disapproval	Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No
Signature of Superintendent/Designee Date	Signature of Faculty Sponsor Date
	Trip has been approved disapproved, reason for disapproval

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 ACS HS FACULTY MEMBER IN CHARGE CONCON COOK
TYPE OF TRIP (CHECK ONE):
Classroom Field Trip Organization/Club Trip, specifyOlubOther (Athletic, etc) specifyOther (Athletic, etc) specifyOther (Athletic, etc)
Class Trip (i.e. junior, senior), specify Other (Athletic, etc) specify, DESTINATION: Out of County ADDRESS Out of State Out of County Within County Overnight
DATE(S) OF TRIP 9-16 thro 9-11 TIME YOU PLAN TO DEPART FROM SCHOOL 3:49
APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 6:00 (on the 11th)
PURPOSE/EDUCATIONAL VALUE Taylor County Throw Down Tournarent
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 6 Faculty Sponsors 2 Other Chaperones Total # of Participants (Riders)
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 5-7-2
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.

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 Brandon Weave
TYPE OF TRIP (CHECK ONE):
Classroom Field Trip Organization Club Trip, specifyOther (Athletic, etc) specify
DESTINATION: Indianapolis ADDRESS Indiana PHONE 270-606-6
Out of State Out of County Within County Overnight
DATE(S) OF TRIP 10-27 to 10-29 TIME YOU PLAN TO DEPART FROM SCHOOL 8,00 g.m.
APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 5.00 p.m.
PURPOSE/EDUCATIONAL VALUE Mational FFA Convention
BILL TRIP EXPENSES TO: FFA
Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.
NUMBER OF: Students 14 Faculty Sponsors Other Chaperones Total # of Participants (Riders)
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 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.

Leave ACSHS around 8 on Oct. 27th and step north of Louisville to eater Arrive a the Convention Centerin Indianapolis around 12:00. Use the bas to travel around Indy for events & back & forth to our hotel. Leave Indy on Oct. 29th hotel. Leave Indy on Oct. 29th around 10 & step to eat on the way home. Arrive back to ACSHS by 5 on Oct. 29th.

Thanks, Brade Meane