

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 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: Apollo High School ADDRESS 2280 Tamarack Rd PHONE 210-852-7100
Overnight KY 42301

Out of State

Out of County

Within County

OvernightDATE(S) OF TRIP 8-20 thru 8-21 TIME YOU PLAN TO DEPART FROM SCHOOL 3:45APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 6:00 (on the 21st)PURPOSE/EDUCATIONAL VALUE Apollo Summer Slam Tournament

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 2 Other Chaperones —
 Total # of Participants (Riders) 17

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 Cook
 Signature of Faculty Sponsor

5-7-21
 Date

Trip has been approved disapproved, reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee
7/1/21
 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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4. If overnight trip, attach name, address and phone number of lodging.

SCHOOL ACHS 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: Taylor Co. High School ADDRESS 2705 Old Hodgenville Rd Campbellsville KY 42118 PHONE 270-469-4431
 Out of State Out of County Within County Overnight

DATE(S) OF TRIP 9-10 thru 9-11 TIME YOU PLAN TO DEPART FROM SCHOOL 3:45

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 6:00 (on the 11th)

PURPOSE/EDUCATIONAL VALUE Taylor County Throw Down Tournament

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 2 Other Chaperones —
 Total # of Participants (Riders) 17

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 Cook
 Signature of Faculty Sponsor

5-7-21
 Date

Trip has been approved disapproved, reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

7/1/21
 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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SCHOOL ACSHS FACULTY MEMBER IN CHARGE Brandon Weaver
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TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Indianapolis ADDRESS Indiana PHONE 270-606-6270
 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 a.m.

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 5:00 p.m.

PURPOSE/EDUCATIONAL VALUE National 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.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY

NUMBER OF: Students 14 Faculty Sponsors 2 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...) _____

Brandon Weaver will drive.

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

Brandon Weaver
 Signature of Faculty Sponsor

7-9-21
 Date

Trip has been approved disapproved, reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

7/9/21
 Date

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

Leave ACSHS around 8 on Oct. 27th
and stop north of Louisville to
eat. Arrive @ the Convention Center
in Indianapolis around 12:00. Use
the bus to travel around Indy
for events & back & forth to our
hotel. Leave Indy on Oct. 29th
around 10 & stop to eat on
the way home. Arrive back to
ACSHS by 5 on Oct. 29th.

Thanks,
Brad
Weaver