

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 Weaver
Nikk. Towle
 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 Downtown PHONE 270-606-1270
☒ 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 7:50 a.m.
 APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 6:00 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 10 Faculty Sponsors 2 Other Chaperones _____
 Total # of Participants (Riders) 12

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 7-27-21
 Signature of Faculty Sponsor Date

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

[Signature] 7/28/21
 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.

Leave ACSHS @ 7:50 & stop in Indiana
for lunch. Arrive in Indy for
convention. Use the bus to drive
around Indy for events. Leave
Indy on Friday afternoon & stop
for a late lunch early dinner
before arrive back to ACSHS
by 6:00 p.m.

Bush
Weave

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#5 FACULTY MEMBER IN CHARGE Brandon Weaver
Nikki Towle

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: Rupp Arena ADDRESS Lexington PHONE 270-606-1270

Out of State

Out of County

Within County

Overnight

DATE(S) OF TRIP 6-6 to 6-9 TIME YOU PLAN TO DEPART FROM SCHOOL 2:00p.m.

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 2:00pm

PURPOSE/EDUCATIONAL VALUE State 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 20 Faculty Sponsors 2 Other Chaperones _____
 Total # of Participants (Riders) 22

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

7-28-21
 Date

Trip has been approved disapproved, reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

7/28/21
 Date

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 2 & stop @
Cracker Barrell in Bardstown for
dinner. Stop @ a gas station in
Lexington for snacks & then
arrive to our hotel @ Rupp Arena. Use
the bus to go eat each day in
Lexington. Leave Rupp on Thursday
& stop @ Fazoli's in Bardstown
for lunch. Arrive back to ACSHS
around 2:00.

Bush
Weaver

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 Weaver
Nikki Towle
 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: FFA Camp ADDRESS Hardinsburg PHONE 220-606-1270
 Out of State Out of County Within County Overnight
 DATE(S) OF TRIP 6-20 to 6-24? TIME YOU PLAN TO DEPART FROM SCHOOL 7:00 a.m.
 APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 2:00 p.m.
 PURPOSE/EDUCATIONAL VALUE FFA Camp
 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 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...) _____

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

7-28-21
 Date

Trip has been approved disapproved, reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

7/28/21
 Date

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

Leave ACSHS @ 7:00 & stop in
Bowling Green for breakfast. Arrive
to FFA camp around 10. Leave camp
on Friday ~~morning~~ lunch & stop in
short creek for a snack. Arriving
back to ACSHS around 2:00.

Brush
Weaver

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. *Post Season*
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 Paul Spears

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: TBA ADDRESS _____ PHONE _____

Out of State Out of County Within County Overnight

DATE(S) OF TRIP 11-05-2021 11-06-2021 TIME YOU PLAN TO DEPART FROM SCHOOL 8:00 A.M.APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 6:30 P.M.PURPOSE/EDUCATIONAL VALUE State XC MeetBILL TRIP EXPENSES TO: Post Season XC State

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 1 Other Chaperones _____
 Total # of Participants (Riders) 6

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*07-27-21DateTrip has been approved disapproved, reason for disapproval _____*Signature of Superintendent/Designee*7/27/21Date

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