

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 D. Farris

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify Culinary Arts / FC & Students
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____

DESTINATION: Jeffersonville In ADDRESS 347 Spring St. PHONE 812 283 8367☒ Out of State☐ Out of County☐ Within County☐ OvernightDATE(S) OF TRIP Dec 3rd TIME YOU PLAN TO DEPART FROM SCHOOL 8:00 AmAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 3:30 pmPURPOSE/EDUCATIONAL VALUE Tour establishment / Hands on candy factory / museum

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 44 Faculty Sponsors 2 Other Chaperones Bus Driver
 Total # of Participants (Riders) 46

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

D. Farris
 Signature of Faculty Sponsor

11-1-21

Date

Trip has been approved ☒ disapproved, reason for disapproval _____

He
 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.

School-Related Student Trip Request FormE-mail

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3. Please attach a tentative transportation itinerary, including any planned stops.
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SCHOOL ACS HS FACULTY MEMBER IN CHARGE Napier

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Portland, TN High ADDRESS 600 college st. Portland, TN PHONE _____Out of State

Out of County

Back + Forth each day

Within County

TN

OvernightDATE(S) OF TRIP 12/20/2021 TIME YOU PLAN TO DEPART FROM SCHOOL 8:00 AMAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 2:00 pmPURPOSE/EDUCATIONAL VALUE Basketball gameBILL TRIP EXPENSES TO: Boys Basketball - Board Account

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...) UnderStorage for equipment bag

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

Cary Ng

Signature of Faculty Sponsor

10-26-21

Date

Trip has been approved _____ disapproved, reason for disapproval _____

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.