

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 Brandly Bray

## TYPE OF TRIP (CHECK ONE):

Classroom Field Trip      Organization/Club Trip, specify Baseball ACSHS  
 Class Trip (i.e. junior, senior), specify \_\_\_\_\_ Other (Athletic, etc...) specify, \_\_\_\_\_

DESTINATION: Destin West Beach & Bay Resort ADDRESS 1820 Miracle Strip Pkway, SE Ft. Walton Beach, FL 32548 PHONE (850) 243-3630

☒ Out of State

☐ Out of County

☐ Within County

☐ Overnight

DATE(S) OF TRIP 4/2 - 4/8 2022 TIME YOU PLAN TO DEPART FROM SCHOOL 4/2 5:30 a.m.

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 4/8 7:00 p.m.

PURPOSE/EDUCATIONAL VALUE Spring Break Baseball Trip.

BILL TRIP EXPENSES TO: Bus expense - ACSHS Booster Club -

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 17 Faculty Sponsors 1 Other Chaperones \_\_\_\_\_  
 Total # of Participants (Riders) 18

## 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

Brandly Bray  
 Signature of Faculty Sponsor

1/4/2022  
 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 the Superintendent and/or Board may be required by policy 09.36.

School-Related Student Trip Request Form

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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 BYRN

## TYPE OF TRIP (CHECK ONE):

Classroom Field Trip      Organization/Club Trip, specify SCIENCE OLYMPIAD  
 Class Trip (i.e. junior, senior), specify \_\_\_\_\_ Other (Athletic, etc...) specify, \_\_\_\_\_

DESTINATION: John Overton High ADDRESS 4820 Franklin Rd PHONE 615-333-  
Nashville, TN  
☒ Out of State      ☐ Out of County      ☐ Within County      ☐ Overnight 6135

DATE(S) OF TRIP JAN. 22 TIME YOU PLAN TO DEPART FROM SCHOOL 6:15

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

PURPOSE/EDUCATIONAL VALUE Science Olympiad Invitation

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 30 Faculty Sponsors 1 Other Chaperones \_\_\_\_\_  
 Total # of Participants (Riders) 31

## 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]  
 Signature of Faculty Sponsor

1/5/22  
 Date

Trip has been      approved      disapproved, reason for disapproval \_\_\_\_\_

[Signature]  
 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.

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 AC-SHS FACULTY MEMBER IN CHARGE T. Cook H. Scott

## TYPE OF TRIP (CHECK ONE):

Classroom Field Trip      Organization/Club Trip, specify Band  
 Class Trip (i.e. junior, senior), specify \_\_\_\_\_ Other (Athletic, etc...) specify, \_\_\_\_\_

DESTINATION: Campbellsville University ADDRESS University Dr. PHONE 270-789-5000  
Campbellsville, Ky 42718  
 Out of State      Out of County      Within County      Overnight

DATE(S) OF TRIP 2/10-2/12 TIME YOU PLAN TO DEPART FROM SCHOOL TBD

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBD

PURPOSE/EDUCATIONAL VALUE Honors Band

BILL TRIP EXPENSES TO: Band

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 4 Faculty Sponsors 1 Other Chaperones 1  
 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

Tyler Cook  
 Signature of Faculty Sponsor

1/10/22  
 Date

Trip has been approved disapproved, reason for disapproval \_\_\_\_\_

\_\_\_\_\_  
 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.

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3. Please attach a tentative transportation itinerary, including any planned stops.
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SCHOOL ACSMS FACULTY MEMBER IN CHARGE T. Cook N. Diehl  
m. Cook H. Scott  
 TYPE OF TRIP (CHECK ONE):  
 Classroom Field Trip Organization/Club Trip, specify Winterguard Post Season  
 Class Trip (i.e. junior, senior), specify \_\_\_\_\_ Other (Athletic, etc...) specify, \_\_\_\_\_  
 DESTINATION: Spring Hill HS ADDRESS Spring Hill HS PHONE 921 Lion Parkway  
Columbia, TN  
38401  
☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight  
 DATE(S) OF TRIP 4/2/22 TIME YOU PLAN TO DEPART FROM SCHOOL TBA  
 APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL \_\_\_\_\_  
 PURPOSE/EDUCATIONAL VALUE Contest  
 BILL TRIP EXPENSES TO: ACSMS

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 40 Faculty Sponsors 2 Other Chaperones 2  
 Total # of Participants (Riders) 44

## 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

Tyler Cook  
 Signature of Faculty Sponsor

1-5-2022  
 Date

Trip has been approved disapproved, reason for disapproval \_\_\_\_\_

\_\_\_\_\_  
 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.