

School-Related Student Trip Request FormSUBMIT THIS FORM ☐ ONE WEEK ☐ TWO WEEKS ☐ OTHER, SPECIFY _____

PRIOR TO THE TRIP.

SCHOOL ACPC FACULTY MEMBER(S) SPONSORING TRIP Freda Riggsby

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☒ Organization/Club Trip, specify Science Club ☐ Other (athletic, band, if applicable) _____DESTINATION Adventure Science Center ADDRESS 800 Ft. Negley PHONE 615-862-5140
☒ Out of State ☐ Out of County ☐ Within County Blvd. Nashville, TN. 37203
☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 4-21-22 DEPARTURE TIME 8:45 RETURN TIME 1:15PURPOSE/EDUCATIONAL VALUE Earth & Space Science, STEM activitiesSOURCE OF FUNDING FOR TRIP Science Club Funds (ACPC)

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.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____NUMBER OF: STUDENTS 20 FACULTY SPONSORS 1 OTHER CHAPERONES 1
TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES, SEE PROCEDURE 09.36 AP.212.☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

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 ☐ NoFreda Riggsby
Signature of Faculty SponsorMarch 3, 2022
DateTrip 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.

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised: 09/17/01