

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 ACCTC FACULTY MEMBER IN CHARGE Mrs. Bean

## TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify FBLA  
Class Trip (i.e. junior, senior), specify \_\_\_\_\_ Other (Athletic, etc...) specify, \_\_\_\_\_DESTINATION: The Galt House ADDRESS 140 North 4th St. PHONE (502) 589-5200  
Louisville, Ky  
Out of State Out of County Within County OvernightDATE(S) OF TRIP 4/11-4/13, 2022 TIME YOU PLAN TO DEPART FROM SCHOOL 4/11 @ 9:00 AMAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 4/13 @ 2:15 PMPURPOSE/EDUCATIONAL VALUE Students competing at State levelBILL TRIP EXPENSES TO: FBLA

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 2 Faculty Sponsors 1 Other Chaperones \_\_\_\_\_  
Total # of Participants (Riders) 3

## 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 Chaperone: Monica BeanMonica Bean  
Signature of Faculty Sponsor3/11/22  
DateTrip has been approved disapproved, reason for disapproval \_\_\_\_\_[Signature]  
Signature of Superintendent/Designee3-14-22  
Date

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



**2022 State FBLA Trip to Louisville**  
**Monday, April 20 – Drop off**  
**Wednesday, April 22 – Pickup**

On Monday, April 11, FBLA will need a bus to take 2 students and 1 advisor to The Galt House in Louisville, Kentucky, for the State FBLA Competition.

We will depart ACCTC around 9:00 am CST on Monday, April 11 and return around 2:30 pm on Wednesday, April 13.

**State FBLA Trip to Louisville**  
**Tentative Itinerary – (Central Time Unless Otherwise Stated)**

**Monday, April 11, 2022**

9:00 am	Depart from ACCTC to head to Louisville
11:00 am	Stop and eat lunch (at a quick service restaurant on the way)
1:00 pm	Depart restaurant and head to The Galt House
1:30 pm	Arrive in Louisville at The Galt House

**Wednesday, April 13, 2022**

11:00 am (EST)	Depart from The Galt House in Louisville
12:00 pm	Eat lunch
2:15 pm	Arrive in Scottsville

Attendees: Monica Bean (chaperone)  
Brianna Harp  
Trinity Whitaker

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4. If overnight trip, attach name, address and phone number of lodging.

SCHOOL ACSHS 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 HS ADDRESS 2280 Tamarack Rd Owensboro, KY 42301 PHONE 270-852-7100

Out of State      Out of County      Within County      Overnight

DATE(S) OF TRIP 8/19/22 8/20/22 TIME YOU PLAN TO DEPART FROM SCHOOL 3:45 on 8/19APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 5:00 on 8/20PURPOSE/EDUCATIONAL VALUE Volleyball Match

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 3 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

Cameron J. Cook

Signature of Faculty Sponsor

1-27-2022

Date

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

Signature of Superintendent/Designee

Date

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