

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): Titans Learning Lab  
Classroom Field Trip Organization Club Trip, specify FBLA / Business Dept.  
Class Trip (i.e. junior, senior), specify \_\_\_\_\_ Other (Athletic, etc...) specify, \_\_\_\_\_

DESTINATION: Nissan Stadium ADDRESS Nashville, TN PHONE (615) 565-4300  
1 Titans Way

Out of State  Out of County  Within County  Overnight

DATE(S) OF TRIP 11/1/22 TIME YOU PLAN TO DEPART FROM SCHOOL 7:50 AM

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 2:15 - 2:30 PM

PURPOSE/EDUCATIONAL VALUE FBLA / marketing / Business Students see first hand what all is involved in running a professional sports team

BILL 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 ~ 25 Faculty Sponsors 2/3 Other Chaperones \_\_\_\_\_  
Total # of Participants (Riders) ~ 28

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

Monica Bean MS. Petty Laura Carter  
Signature of Faculty Sponsor Date 8/24/22

Trip has been <input checked="" type="radio"/> approved <input type="radio"/> disapproved, reason for disapproval _____
<u>[Signature]</u> _____ <u>8-25-22</u> _____ 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.

# Titans Learning Lab Trip Itinerary

November 1, 2022

Itinerary	
7:50 AM	Depart Allen Co. Scottsville HS CTC
9:15 AM	Arrive at Nissan Stadium
9:30 AM	Event begins
12:30 PM	Event Ends
12:30 PM	Lunch in Nashville
1:15 PM	Depart Nashville
2:30 PM	Arrive back at Tech Center

## Notes

- Dress code is FBLA business casual – slacks or khakis with nice shirts. You are representing FBLA and Allen County High School so please dress accordingly.
- You will NOT be allowed to bring in backpacks or purses into stadium. This is their security policy.
- Please bring money for lunch after we leave the stadium.

## Learning Lab Includes:

- Game ticket against the Houston Texans on Saturday, December 24<sup>th</sup>, 2022 at 12pm. All game tickets will be mobile-only.
- Behind the scenes tour of Nissan Stadium
- Presentations from Titans Executives
- Question and Answer sessions with Titans Executives
- Learning Lab gift

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SCHOOL ACSHS FACULTY MEMBER IN CHARGE Brandon Weaver

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 270-606-1270  
 Out of State \_\_\_\_\_ Out of County Within County \_\_\_\_\_ Overnight

DATE(S) OF TRIP 6-19 to 6-23-23 TIME YOU PLAN TO DEPART FROM SCHOOL 7:00 a.m.

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 1:00 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 18 Faculty Sponsors 2 Other Chaperones \_\_\_\_\_  
 Total # of Participants (Riders) 20

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 \_\_\_\_\_ 8-2-22  
 Signature of Faculty Sponsor Date

Trip has been	approved	disapproved, reason for disapproval _____
<u>[Signature]</u>		<u>8-3-22</u>
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 AESTS and stop @ Hardee's  
in Bowling Green for breakfast. On  
Friday stop @ a gas station in  
Short Creek for lunch. Arrive back  
by 1:00.

Burd  
Weaver

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SCHOOL ACSAS FACULTY MEMBER IN CHARGE Brandon Weave

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 6-5 to 6-8-23? TIME YOU PLAN TO DEPART FROM SCHOOL 8:00 a.m.

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 3:00 p.m.

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 Weave 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 Weave 8-2-22  
Signature of Faculty Sponsor Date

Trip has been	<input checked="" type="checkbox"/> approved	<input type="checkbox"/> disapproved, reason for disapproval _____
<u>[Signature]</u>	<u>8-3-22</u>	
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.		

Leave ACSHS @ 8 and use the  
bus for several days to go  
out to eat @ night in Lexington.  
Arrive back by 3:00.

Bush  
Wear

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SCHOOL ACSHS FACULTY MEMBER IN CHARGE C. Stamps/T. Stamps

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Crowne Plaza @ Airport ADDRESS Louisville, KY PHONE \_\_\_\_\_

Out of State \_\_\_\_\_  Out of County \_\_\_\_\_ Within County \_\_\_\_\_  Overnight \_\_\_\_\_

DATE(S) OF TRIP 11/30 - 12/2 TIME YOU PLAN TO DEPART FROM SCHOOL 9:00am

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 4:00pm

PURPOSE/EDUCATIONAL VALUE Kentucky Youth Assembly - Mock Govt.

BILL TRIP EXPENSES TO: SGA activity fund

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  Todd Stamps - Driver

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] 9-8-22  
 Signature of Faculty Sponsor Date

Trip has been <input checked="" type="radio"/> approved _____ <input type="radio"/> 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.	

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SCHOOL Allen Co. Scottsville High FACULTY MEMBER IN CHARGE Debra Rigby

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Central Bank Center ADDRESS Hyatt 401 West High Street PHONE 859-253-1234  
Lexington, Ky.

Out of State  Out of County  Within County  Overnight

DATE(S) OF TRIP Jan 15-17 2023 TIME YOU PLAN TO DEPART FROM SCHOOL 9:00 am

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

PURPOSE/EDUCATIONAL VALUE State Beta Convention

BILL TRIP EXPENSES TO: ACHS Beta

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 150 Approx Faculty Sponsors 3 Other Chaperones 10+  
Total # of Participants (Riders) 163 Approximate

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...) Luggage  
Storage;

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

Debra Rigby [Signature] 9-7-22 9.7.2023  
Signature of Faculty Sponsor Date

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

\_\_\_\_\_  
Signature of Superintendent/Designee Date

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