

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~~ ACSHS FACULTY MEMBER IN CHARGE Laura Carter

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify Business trip
Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____DESTINATION: Tennessee Titans Stadium ADDRESS Nashville, TN PHONE _____☒ Out of State Nashville ☐ Out of County ☐ Within County ☐ OvernightDATE(S) OF TRIP Nov. 1, 2022 TIME YOU PLAN TO DEPART FROM SCHOOL 8am (or earlier)APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 3pm (hopefully before school dismiss)PURPOSE/EDUCATIONAL VALUE take students interested in Business/Marketing to learn more about careersBILL TRIP EXPENSES TO: United Way / Perkins

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 45 Faculty Sponsors 2-3 Other Chaperones _____Total # of Participants (Riders) 50 just let me know if this needs to be fewer

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 ☐ NoLaura Carter
Signature of Faculty Sponsor8-23-22
DateTrip has been ☒ approved ☐ disapproved, reason for disapproval _____[Signature]
Signature of Superintendent/Designee8-24-22
Date

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