

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 AESHS FACULTY MEMBER IN CHARGE T. Cook J. Pace

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Eastern Kentucky University ADDRESS 521 Lancaster Ave. Richmond, Ky 40475 PHONE _____

Out of State Out of County Within County Overnight

DATE(S) OF TRIP 2/24/23-2/28/23 TIME YOU PLAN TO DEPART FROM SCHOOL TBDAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBDPURPOSE/EDUCATIONAL VALUE Honors BandBILL 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 15 Faculty Sponsors 2 Other Chaperones _____
 Total # of Participants (Riders) 17

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

T. Cook
Signature of Faculty Sponsor11/2/22
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.

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 ACSIS FACULTY MEMBER IN CHARGE T. Cook J. Pace

TYPE OF TRIP (CHECK ONE):

H. ScottClassroom Field Trip Organization/Club Trip, specify Band - Honors
Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____DESTINATION: Campbellsville University ADDRESS University Dr. Campbellsville, KY 42718 PHONE _____

Out of State

Out of County

Within County

OvernightDATE(S) OF TRIP 2/23/23 - 2/25/23 TIME YOU PLAN TO DEPART FROM SCHOOL TBDAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBDPURPOSE/EDUCATIONAL VALUE Honors BandBILL 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 15 Faculty Sponsors 2 Other Chaperones _____Total # of Participants (Riders) 17

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 Sponsor11/2/22
Date

Trip has been approved _____ disapproved, reason for disapproval _____

Signature of Superintendent/Designee_____
Date

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

School-Related Student Trip Request Form

INSTRUCTIONS

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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 ACHS FACULTY MEMBER IN CHARGE T. Coole H. Scott
M. Cosh V. Powell

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Wilson Central (TN) ADDRESS 419 Wildcat Way PHONE _____
Lebanon, TN 37040

Out of State Out of County Within County Overnight

DATE(S) OF TRIP 2/18/23 TIME YOU PLAN TO DEPART FROM SCHOOL TBD

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBD

PURPOSE/EDUCATIONAL VALUE Winter Guard Contest

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 40 Faculty Sponsors 2 Other Chaperones _____
 Total # of Participants (Riders) 42

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 Coole
 Signature of Faculty Sponsor

11/2/22
 Date

Trip has been approved ☒ disapproved, reason for disapproval _____

 Signature of Superintendent/Designee

 Date

For overnight and/or out of state trips, approval of thee 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 ACHS FACULTY MEMBER IN CHARGE T. Cole M. Cook
G. Powell H. Scott
 TYPE OF TRIP (CHECK ONE):
 Classroom Field Trip Organization/Club Trip, specify Winterguard
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____
 DESTINATION: Green Hill, TN ADDRESS 220 Old North Green Hill PHONE _____
 Out of State Out of County Within County Mt. Juliet, TN Overnight
 DATE(S) OF TRIP 2/4/23 TIME YOU PLAN TO DEPART FROM SCHOOL TBD
 APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBD
 PURPOSE/EDUCATIONAL VALUE Winterguard Contest
 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 40 Faculty Sponsors 2 Other Chaperones _____
 Total # of Participants (Riders) 42

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

11/2/22
 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.

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 T. Cook H. ScottTYPE OF TRIP (CHECK ONE): U. Powell M. CookClassroom Field Trip Organization/Club Trip, specify Winter Guard
Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____DESTINATION: Mt. Juliet HS ADDRESS 1875 Golden Bear Gateway PHONE _____
Mt. Juliet, TN

Out of State Out of County Within County Overnight

DATE(S) OF TRIP 1/21/23 TIME YOU PLAN TO DEPART FROM SCHOOL TBDAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBDPURPOSE/EDUCATIONAL VALUE Winter Guard ContestBILL 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 40 Faculty Sponsors 2 Other Chaperones _____
Total # of Participants (Riders) 42

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 NoTyler Cook
Signature of Faculty Sponsor11/2/22
Date

Trip has been approved disapproved, reason for disapproval _____

Signature of Superintendent/Designee

Date

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

School-Related Student Trip Request Form

INSTRUCTIONS

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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 O. Farris

TYPE OF TRIP (CHECK ONE):

☒ Classroom Field Trip Organization/Club Trip, specify Foods & Culinary Arts
☐ Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____

DESTINATION: Schimpffs Confectionery ADDRESS 347 Spring Street PHONE 812 283 8367
cheesecake factory - 5000 Shelbyville Rd Jeffersonville IN 47130
☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight

DATE(S) OF TRIP 12-8-22 TIME YOU PLAN TO DEPART FROM SCHOOL 7:50amAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 400 pm - 430 ish - depends on Traffic

PURPOSE/EDUCATIONAL VALUE Schimpffs is a historic working candy factory + museum
Students will get to watch a demonstration and learn the history of the candy making process

BILL TRIP EXPENSES TO: parking

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

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 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 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 ACS 118 FACULTY MEMBER IN CHARGE O. Funn

TYPE OF TRIP (CHECK ONE):

☒ Classroom Field Trip ☐ Organization/Club Trip, specify Foods & Culinary Arts
☐ Class Trip (i.e. junior, senior), specify _____ ☐ Other (Athletic, etc...) specify, _____

DESTINATION: Schimpff Confectionery ADDRESS 347 Spring Street
Cheese cake factory 5000 Shelbyville Rd Jeffersonville In PHONE 812 283 8367
☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight

DATE(S) OF TRIP 2-7-23 TIME YOU PLAN TO DEPART FROM SCHOOL 750

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 4:00 pm - 4:30ish - Depends on Traffic

PURPOSE/EDUCATIONAL VALUE Schimpffs is a historical working candy factory & museum
Students will get to watch candy being made from scratch w/ antique equipment

BILL TRIP EXPENSES TO: parking

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

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

10-24-22

Date

Trip has been approved ☒ disapproved, reason for disapproval _____

 Signature of Superintendent/Designee

 Date

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

Schimppf's Confectionary Itinerary (for Dec and Feb)

We will leave ACSHS @ 7:50AM

Time Change

Arrive at Schimppf's Confectionery @ 10:45AM

Tour the factory and museum and then watch the demonstration of red hots being made with antique candy making equipment

Leave Schimpps @ 1:00PM arrive at The Cheesecake Factory @ 1:15pm

We will load the bus at 3:30PM and arrive back to ASCHS @ 4:30 **(time change)**

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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 ASH FACULTY MEMBER IN CHARGE T. Cook M. Cook

TYPE OF TRIP (CHECK ONE):

H. Scott V. PowellClassroom Field Trip Organization/Club Trip, specify Winterguard
Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____DESTINATION: TBD ADDRESS _____ PHONE _____Out of State ☒ Out of County ☒ Within County ☐ Overnight ☒DATE(S) OF TRIP 3/31/23 - 4/1/23 TIME YOU PLAN TO DEPART FROM SCHOOL TBDAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBDPURPOSE/EDUCATIONAL VALUE Winterguard Championships POSTBILL TRIP EXPENSES TO: POST SEASON - Board SEASON

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 _____
Total # of Participants (Riders) 42

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 Sponsor11/2/22
DateTrip has been approved disapproved, reason for disapproval _____[Signature]
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.

School-Related Student Trip Request Form

INSTRUCTIONS

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2. Requests for **overnight** or **out-of-state** trips must be submitted **6 weeks** prior to trip.
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4. If overnight trip, attach name, address and phone number of lodging.

SCHOOL ACS HS FACULTY MEMBER IN CHARGE T. Cook H. Scott

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify Honors Percussion
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____

DESTINATION: Mashburn Co. HS ADDRESS 501 N. Evelyn Brothers Blvd PHONE _____

Out of State

Out of County

Within County

Overnight

DATE(S) OF TRIP 3/24/23 - 3/25/23 TIME YOU PLAN TO DEPART FROM SCHOOL TBDAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBDPURPOSE/EDUCATIONAL VALUE Honors Perc. EnsembleBILL 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 10 Faculty Sponsors 2 Other Chaperones _____
 Total # of Participants (Riders) 12

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 Sponsor11/2/22
DateTrip has been approved ☒ disapproved, reason for disapproval _____[Signature]
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.

STUDENTS

- Let Mrs. Adams know who bus driver is.
- possible Coach Bonds may drive.

School-Related Student Trip Request Form

NOV
Board
Approval

09.36 AP.21

INSTRUCTIONS

1. Requests for trips (athletic events, conferences, field trips, etc....) must be submitted **3 weeks** prior to trip.
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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 AcSHS FACULTY MEMBER IN CHARGE Hope Adams

TYPE OF TRIP (CHECK ONE):

☒ Classroom Field Trip Organization/Club Trip, specify _____
☐ Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____

DESTINATION: Frist Art Museum ADDRESS 919 Broadway Nashville, TN PHONE 615 244 3340

☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight

DATE(S) OF TRIP Dec. 1, 2022 TIME YOU PLAN TO DEPART FROM SCHOOL 8:00 am

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 2:30 pm
PURPOSE/EDUCATIONAL VALUE To foster connections to artists, artworks, and cultures.

BILL TRIP EXPENSES TO: Art Dept.

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 28 Faculty Sponsors 3 Other Chaperones 1 Bus Driver
Total # of Participants (Riders) 32

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

Hope Adams Brad Bonds Debra Rigsby Cheryl Miller
Signature of Faculty Sponsor 10/28/2022 Date

Trip has been ☒ approved ☐ disapproved, reason for disapproval _____

Signature of Superintendent/Designee 10-31-22 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

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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 O. Farris

TYPE OF TRIP (CHECK ONE):

☒ Classroom Field Trip ☐ Organization/Club Trip, specify FCS - Family Consumer Science
☐ Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____

DESTINATION: 12th Ave ADDRESS 12th Ave Nashville TN PHONE _____

☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight

DATE(S) OF TRIP Nov 30 2022 TIME YOU PLAN TO DEPART FROM SCHOOL ~~8:00 am~~ 7:40 am

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL ~~2:30 pm~~ 2:10 pm

PURPOSE/EDUCATIONAL VALUE student will get to meet 2 owners of restaurants where they will talk to them about running a restaurant -

BILL TRIP EXPENSES TO: 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 16 Faculty Sponsors 2 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 ☐

[Signature]
 Signature of Faculty Sponsor

Oct 24, 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.

12th Ave Culinary Gourmet Foods Trip

Frothy Monkey Coffee Cafe-2509 12th Avenue South Nashville, Tennessee 37204

Edleys BBQ-2706 12th Avenue South Nashville, Tennessee 37204

Christie Cookies-2606 12th Ave S, Nashville, TN 37204

Students will be going to the Frothy Monkey coffee shop first then we will be walking to Edleys (lunch) and then Christie Cookies. All stops are on the same street.

We will leave the high school at 7:40AM after announcements

Arrive at FM @ 9:22AM

Leave 12th Ave @ 12:30PM arrive back to school @ 2:10PM