

School-Related Student Trip Request FormKaley Board Agenda
December

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 HS FACULTY MEMBER IN CHARGE J. BYRN

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify SCI. OLY.
Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____DESTINATION: OVERTON HIGH SCHOOL ADDRESS 4820 FRANKLIN RD. NASHVILLE, TN PHONE 615-333-5175☒ Out of State☐ Out of County☐ Within County☐ OvernightDATE(S) OF TRIP JAN. 28 TIME YOU PLAN TO DEPART FROM SCHOOL EARLY ^{TBD}APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL LATE ^{TBD}PURPOSE/EDUCATIONAL VALUE SCIENCE OLYMPIAD COMPETITIONBILL TRIP EXPENSES TO: 020-1-118-D131G 020-1-118-0894

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 20-30 Faculty Sponsors 2 Other Chaperones _____
Total # of Participants (Riders) 22-32

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

[Signature]
Signature of Faculty Sponsor11/2/22
DateTrip has been ☒ approved ☐ disapproved, reason for disapproval _____[Signature]
Signature of Superintendent/Designee11-17-22
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 ACSHS FACULTY MEMBER IN CHARGE Morgan White

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify Mock Trial Regional tournament
Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____DESTINATION: Morton J. Holbrook Judicial Center ADDRESS 100 E 2nd St PHONE _____
Owensboro, KY 42306

Out of State

Out of County

Within County

OvernightDATE(S) OF TRIP 1/26/23-1/29/23 TIME YOU PLAN TO DEPART FROM SCHOOL 7:00 am

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL _____

PURPOSE/EDUCATIONAL VALUE education on judicial system; career explorationBILL TRIP EXPENSES TO: Mock Trial Team

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 1
Total # of Participants (Riders) 19

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

Morgan White
*Signature of Faculty Sponsor*12/1/22
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.