## School-Related Student Trip Request Form

SUBMIT THIS FORM $\ \square$ ONE WEEK $\ \square$ TWO WEEKS $\ \square$ OTHER	SPECIFY PRIOR TO THE TRIP.
SCHOOL Allen Compy - Scotts ville FACULTY MEMBE TYPE OF TRIP (CHECK ONE): Foobbil	R(S) SPONSORING TRIP Jonathan Turner
TYPE OF TRIP (CHECK ONE):	Statt Arthor Bryan Carver
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior),	specify
■ Organization/Club Trip, specify ACSYFL □ Other (athletic, band, if applicable) □	
DESTINATION Music City Bowl Address 1 Titans Way PHONE  Out of State Out of County Within County Nashvilk TN 37213	
■ Out of State □ Out of County □ Within County	Nashuik 12 37213
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 12-31-2022 DEPARTURE T	IME 9:30 AM RETURN TIME 5:30 PA
PURPOSE/EDUCATIONAL VALUE inconjuction with	
a reward for season pl	· · · · · · · · · · · · · · · · · · ·
a reward for season plason plason plason plason plason plason of source of funding for trip ACSYFL + 1	MCR Sympson ships with Incre
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 I	NABILITY TO PAY.
BILL TRIP EXPENSES TO: $\blacksquare$ SPONSORING ORGANIZATION $\square$ SCHOOL COUNCIL $\square$ BOARD $\square$ OTHER, SPECIFY $\_ACSYFL$	
Number of: students 30 faculty sponsorsother chaperones 3 Total # of Participants 33	
MODE OF TRANSPORTATION	
is district transportation needed? $\Box$ no	□ YES, SEE PROCEDURE 09.36 AP.212.
■ CERTIFICATED COMMON CARRIER; SPECIFY	
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)	
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
Gontha Jan	12-8-22
U 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	

**Related Procedures:** 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised:9/17/01