

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 ALSHS FACULTY MEMBER IN CHARGE Coach Bray

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Westmoreland HS ADDRESS ^{4300 Hawkins Dr.} Westmoreland, TN PHONE _____

Out of State

Out of County

Within County

Overnight

DATE(S) OF TRIP 3/24/23 TIME YOU PLAN TO DEPART FROM SCHOOL 3:45 p.m.

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 9:30 p.m.

PURPOSE/EDUCATIONAL VALUE _____

BILL TRIP EXPENSES TO: ACS Baseball School Account

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 4 Other Chaperones _____
 Total # of Participants (Riders) 29

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...) Under 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

[Signature]
 Signature of Faculty Sponsor

2/7/23
 Date

Trip has been approved disapproved, reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

2/8/23
 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

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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 ACCTC FACULTY MEMBER IN CHARGE M. Trammel

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Louisville, ky ADDRESS 40 N. Fourth St. PHONE 502-589-5200

Out of State Out of County Within County Overnight

DATE(S) OF TRIP March 5-7 TIME YOU PLAN TO DEPART FROM SCHOOL 12:00 p.m. - SundayAPPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 2:30 p.m. TuesdayPURPOSE/EDUCATIONAL VALUE state competitionBILL TRIP EXPENSES TO: DECA ACCTC

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 30 Faculty Sponsors 2 Other Chaperones 1
 Total # of Participants (Riders) 32 - 1 advise take a vehicle

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

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

Maudeth Trammel

Signature of Faculty Sponsor

2-3-2023

Date

Trip has been approved disapproved, reason for disapproval _____[Signature]

Signature of Superintendent/Designee

2-3-2023

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 Chelly Taylor-Stamps

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Crown Plaza ADDRESS Louisville, Ky PHONE _____

Out of State

Out of County

Within County

Overnight

DATE(S) OF TRIP 3/9 - 3/11 TIME YOU PLAN TO DEPART FROM SCHOOL 8:00am

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 3:30pm

PURPOSE/EDUCATIONAL VALUE Ky United Nations Assembly - Mock Govt.

BILL TRIP EXPENSES TO: SGA

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 Other Chaperones _____
 Total # of Participants (Riders) 27

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

Chelly Taylor-Stamps
 Signature of Faculty Sponsor

1-23-23

Date

Trip has been approved disapproved, reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

1-24-23

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 ACCTC FACULTY MEMBER IN CHARGE Mandeth Trammel

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Orlando, FL ADDRESS _____ PHONE _____

Out of State Out of County Within County Overnight

DATE(S) OF TRIP April 21-26 TIME YOU PLAN TO DEPART FROM SCHOOL 3:30 a.m.

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

PURPOSE/EDUCATIONAL VALUE Compete in International Career & Development Cont.

BILL TRIP EXPENSES TO: DECA

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 ? Faculty Sponsors _____ 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 plane / rental transportation
 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

Mandeth Trammel
 Signature of Faculty Sponsor

2-3-2023
 Date

Trip has been approved disapproved, reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

2-3-23
 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 ACSHS FACULTY MEMBER IN CHARGE B. BONDS / J. RIPPY

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: TRIPLE CREEK PARK ADDRESS GALLATIN, TN PHONE _____

Out of State Out of County _____ Within County _____ Overnight _____

DATE(S) OF TRIP 4-21 AND 4-22-23 TIME YOU PLAN TO DEPART FROM SCHOOL 3:15 (4-21) 8:00 (4-22)

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 9:30 (4-21) 5:30 (4-22)

PURPOSE/EDUCATIONAL VALUE SOFTBALL TOURNEY V only

BILL TRIP EXPENSES TO: SOFTBALL - BOARD

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 21 Faculty Sponsors 3 Other Chaperones _____
 Total # of Participants (Riders) 24

MODE OF TRANSPORTATION

Is District Transportation Needed? No Yes, see Procedure 09.36 AP.212 NO STOP
 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...) _____
STORAGE FOR EQUIPMENT, BAGS, 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

Brad Bonds 1-25-2023
 Signature of Faculty Sponsor Date

Trip has been approved disapproved, reason for disapproval _____

[Signature] 1-30-23
 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

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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 B. BONDS / J. RIPPY

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: SODDY DAISY H.S. ADDRESS SODDY DAISY, TN PHONE _____

Out of State

Out of County

Within County

Overnight

DATE(S) OF TRIP 4-5 thru 4-9 TIME YOU PLAN TO DEPART FROM SCHOOL TBD

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL TBD

PURPOSE/EDUCATIONAL VALUE SOFTBALL TOURNEY - SPRING BREAK - Varsity

BILL TRIP EXPENSES TO: SOFTBALL - BOARD

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 21 Faculty Sponsors 3 Other Chaperones _____
 Total # of Participants (Riders) 24

MODE OF TRANSPORTATION

BRAD BONDS WILL DRIVE

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...) _____

STORAGE FOR EQUIPMENT, BAGS, 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

Brad Bonds
 Signature of Faculty Sponsor

1-25-2023
 Date

Trip has been approved disapproved, reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

1-30-23
 Date

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

Bus Itinerary Sheet

4-5 thru 4-9

ACS @ Soddy Daisy, TN

4-5

Bus will depart toward Soddy Daisy, TN

Bus will stop at a convenient Market in Cookeville, TN then proceed

Bus will then travel to hotel near Soddy Daisy

Bus will go to games

Bus will travel to a local restaurant after games and then proceed back to hotel

4-6 thru 4-8

Bus will go to Soddy Daisy HS for games

Bus will go to local restaurant for lunch

Bus will go to go back to games/hotel

Bus will then stop at local restaurant for dinner and then return to hotel

4-9

Bus will return home

Bus will then stop at convenient store in Cookeville, TN

Bus will continue home

Bb

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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 B. BONDS / J. RIPPY

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: LAFAYETTE H.S. ADDRESS LEXINGTON, KY PHONE _____

Out of State Out of County Within County Overnight

DATE(S) OF TRIP 4-28/4-29-23 TIME YOU PLAN TO DEPART FROM SCHOOL 3:30 PM (4-28)

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 9:30 PM (4-29)

PURPOSE/EDUCATIONAL VALUE SOFTBALL TOURNEY - V/JV

BILL TRIP EXPENSES TO: SOFTBALL- BOARD

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 21 Faculty Sponsors 3 Other Chaperones _____
 Total # of Participants (Riders) 24

MODE OF TRANSPORTATION

BRAD BONDS WILL DRIVE

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...) _____

STORAGE FOR EQUIPMENT, BAGS, 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

Brad Bonds

Signature of Faculty Sponsor

1-25-2023

Date

Trip has been approved disapproved, reason for disapproval _____

[Signature]

Signature of Superintendent/Designee

1-30-23

Date

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

Bus Itinerary Sheet

4-28 and 4-29

ACS @ Lafayette HS in Lexington, KY

4-28

Bus will depart toward Lexington, KY

Bus will stop at a convenient market in E-town then proceed to Lexington

Bus will travel to a local restaurant in Lexington then proceed back to the hotel.

4-29

Bus will go to Lafayette HS for games

Bus will go to local restaurant for lunch

Bus will go to go back to games

Bus will return home after games

Bus will then stop at local restaurant for dinner

Bus will stop at a convenience store in Etown and proceed home

Bb

School-Related Student Trip Request Form

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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 Allen Co Scottsville High FACULTY MEMBER IN CHARGE Debra Rigsby

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Louisville, Ky ADDRESS 140 North 4th St PHONE 855-797-6733

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

DATE(S) OF TRIP 6.17 thru 6.20 TIME YOU PLAN TO DEPART FROM SCHOOL 7:00 AM
2023

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 6.20 around 4pm

PURPOSE/EDUCATIONAL VALUE Beta National Competitions

BILL TRIP EXPENSES TO: Beta Club

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses. Room, Bus, Registration \$2800. w estimate

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY

NUMBER OF: Students 40 Faculty Sponsors 2 Other Chaperones 2
 Total # of Participants (Riders) 41

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

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 Rigsby

Signature of Faculty Sponsor

1-23-2023

Date

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

[Signature]

Signature of Superintendent/Designee

1.23.23

Date

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