

School-Related Student Trip Request Form

*Approved*  
*[Signature]*

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 C. Dobbs

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip      Organization/Club Trip, specify Girls Soccer  
 Class Trip (i.e. junior, senior), specify \_\_\_\_\_ Other (Athletic, etc...) specify, \_\_\_\_\_

DESTINATION: Kenwood (Clarksville) ADDRESS 251 E Pine Rd PHONE 931-905-7900  
Clarksville TN 37042

Out of State       Out of County       Within County       Overnight

DATE(S) OF TRIP 9/23/23 TIME YOU PLAN TO DEPART FROM SCHOOL 8:00 AM

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL ~~3:00~~ 4:00 PM

PURPOSE/EDUCATIONAL VALUE Girls Soccer Match

BILL TRIP EXPENSES TO: \_\_\_\_\_

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 18 Faculty Sponsors 1 Other Chaperones \_\_\_\_\_  
 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

[Signature] For C. Dobbs      8-25-23  
 Signature of Faculty Sponsor      Date

Trip has been    approved    disapproved, reason for disapproval _____ <u>[Signature]</u> <u>8/25/23</u> 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.
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*Approved 8/25/23*

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SCHOOL ACSHS FACULTY MEMBER IN CHARGE Clay Dobbs

TYPE OF TRIP (CHECK ONE):

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

DESTINATION: Nashville Christian ADDRESS 7555 Sawyer Brown Rd Nashville TN 37221 PHONE 615-356-5600

Out of State     Out of County     Within County     Overnight

DATE(S) OF TRIP 9/5/23 TIME YOU PLAN TO DEPART FROM SCHOOL 3:30 PM

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 8:45

PURPOSE/EDUCATIONAL VALUE Girls Soccer Match

BILL TRIP EXPENSES TO: \_\_\_\_\_

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 18 Faculty Sponsors 1 Other Chaperones \_\_\_\_\_  
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

*[Signature]* for C. Dobbs  
Signature of Faculty Sponsor

Date

Trip has been    approved    disapproved, reason for disapproval \_\_\_\_\_

*[Signature]*  
Signature of Superintendent/Designee

8/25/23  
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 Chelly Taylor-Stamps

TYPE OF TRIP (CHECK ONE): Todd Stamps

Classroom Field Trip Organization/Club Trip, specify SGA; KYA  
Class Trip (i.e. junior, senior), specify \_\_\_\_\_ Other (Athletic, etc...) specify, \_\_\_\_\_

DESTINATION: Crown Plaza Hotel & Capitol Annex in Frankfort ADDRESS Louisville, Ky. PHONE 502-212-5821  
Out of State  Out of County  Within County

DATE(S) OF TRIP 11/29-12/1 TIME YOU PLAN TO DEPART FROM SCHOOL 9:00am Overnight

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

PURPOSE/EDUCATIONAL VALUE Kentucky Youth Assembly - Mock Government

BILL TRIP EXPENSES TO: SGA Activity Fund

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  Todd Stamps - Driver  
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 8-29-23  
Signature of Faculty Sponsor Date

Trip has been approved disapproved, reason for disapproval \_\_\_\_\_

[Signature] 8/30/23  
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.