INSTRUCTIONS

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- 2. Any request that is submitted less than two weeks in advance of the planned trip will require the principal and transportation director's approval.
- 3. Please attach a tentative transportation itinerary, including any planned stops.
- 4. If overnight trip, attach name, address and phone number of lodging.

	SECTION TO BE COMPLETED B	RV DDINCIDAT
School ACPC Teacher In Charge		I I KINCH AL
Date Trip Was Approved 10117	By Whom Lean Renfrow	
Charge Trip Expenses To $\mathbf{D} = \mathbf{M} =$ Number of Riders (including sponsor	010-1-118-0894 s and chaperones): 25 (24s)	
Any special transportation needs? (e.		ggage, etc)
Any special transportation needs? (e.,	g. under storage compartments for lug O BE COMPLETED BY TRANSPO	ggage, etc) ORTATION DEPARTMENT
Any special transportation needs? (e., THIS SECTION TO Bus Number Driv	g. under storage compartments for lug O BE COMPLETED BY TRANSPORTS er's Name	ggage, etc) ORTATION DEPARTMENT
Any special transportation needs? (e.g. THIS SECTION TO Bus Number Driv Time: Depart	g. under storage compartments for lug O BE COMPLETED BY TRANSPORT er's Name Return	ORTATION DEPARTMENT Total Hours
Any special transportation needs? (e.g. THIS SECTION TO Bus Number Driv Time: Depart	g. under storage compartments for lug O BE COMPLETED BY TRANSP er's Name Return Return	ORTATION DEPARTMENT Total Hours
THIS SECTION TO Bus Number Driv Time: Depart Mileage: Depart	g. under storage compartments for lug O BE COMPLETED BY TRANSP er's Name Return Return	ORTATION DEPARTMENT Total Hours Total Miles

SUBMIT THIS FORM	□ ONE WEEK	□ TWO WEEKS	☐ OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL ACK	FACULT	Y MEMBER(S) SP(ONSORING TRIP JOSE	
TYPE OF TRIP (CHECK ONI Classroom Field Tr Classroo	E): rip Class Trip Trip specify ADI Out of County	(i.e., junior, ser	nior), specify Other (at	hletic, band, if applicable)
PURPOSE/EDUCATIONAL V	anbors	RTURE TIME S'	20 RETURNI	Earth
registration, and all of <i>Nos</i>	ner anticipated TUDENT SHALL B	travel expense EDENIED THE TR	CS. IP BECAUSE OF AN INA	limited to, lodging, meals,
BILL TRIP EXPENSES TO	: D SPONSORING	G ORGANIZATIO	N 🗆 SCHOOL COUNC	CIL D BOARD D OTHER, SPECIFY
NUMBER OF: STUDENTS TOTAL # OF PART		,	OTHER CHAPERON	
MODE OF TRANSPORTATION IS DISTRICT TRAN □ CERTIFICATED □ PRIVATE VEHIO	ON NSPORTATION NE COMMON CARRI	EDED? □ NO ER: SPECIFY	☐ YES, SEE PROCEDU	URE 09.36 AP.212.
SUPERVISION (ATTACH L	IST OF NAMES (F ADULTS ACCO	MPANYING STUDENTS	ON TRIP.)
Have all chaperones principal/designee to s	undergone	the required	records check a	nd been designated by the
Person contacted at venue	to discuss FAP		Doman walde	-
Is there an Automated Extension	ernal Defibrillator	(AFD) on site: I	Person making	g contact:
Does the venue have	an Emergency	Response Team	o D Vos D No I	f yes, how are they contacted:
	um imioigonoy	response read	L. L. IES L. NOI	I yes, how are they contacted:
School Employee(s) Atten	ding Trip (Please	note beside nam	e if employee is CPR t	rained):
		_		
		-		,
(Please use separate sh	eet and attach to thi	s form if more space	ce is needed to list school	employees attending).
Signatur	e of Faculty Spons	or		Date
Trip has been approved	☐ disapproved. Re	eason for disapprov	ral	
Leal	Den			10/17/22
Signature of Super			-	Date
For overnight and/or	out-of-state trips a	oproval of the Sune	rintendent and/or Board	

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

INSTRUCTIONS

Requests must be submitted to the Transportation Department two weeks prior to each trip.

Any request that is submitted less than two weeks in advance of the planned trip will require the principal and transportation director's approval.

Please attach a tentative transportation itinerary, including any planned stops.

If overnight trip, attach name, addre

	in liame, address and phone number of lodging.	
	THIS SECTION TO BE COMPLETED BY 1	PRINCIP <u>AL</u>
School ACAC. Teacher In Cl		in the second se
Date Trip Was Approved 10	17 By Whom L Renfrow	
Destination Adventure Scie	ence Museu Address 800 Fort Negley Ro	l Nashville, 7N 37203
Out of State	Out of County Within C	ounty Overnight
Date(s) Of Trip THY IV	Out of County Departure Time From School	plan to arrive back at school (177)
Charge Trip Expenses To D =	M= 010-1-118-0894	S country of the second of the
Number of Riders (includings	sponsors and chaperones) 25 (24shde	uts, I staff)
	Regular Special Needs w/Lift	
	eds? (e.g. under storage compartments for luggag	
	#Besternhammours 101, Integrate	e, erc)
THIS SECT	ION TO BE COMPLETED BY TRANSPORT	EATION DEPARTMENT
Bus Number	Driver's Name .	
Time: Depart	Return	Total Hours
	Return	
Actual Expenses: Driver(s) \$		
Meals.\$		Usage:
Tylcals 0	Lodging \$	Fuel \$
Signature of 1	Transportation Director	Date
	Mileage Owed to Bo	ard of Education: \$

SU	BMIT THIS FORM	ONE WEEK	□ TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE TRANS
SCHOOL	ACPC	FACULT	and the second section is the second section of the second section in the second section is a second section of	ONSORING TRIP	PRIOR TO THE TRIP.
TYPEOF	RIP (CHECK ON	E);			2111251
■ Clas	sroom Field T	rip□ Class Trip	(i.e., junior, se	nior), specify	
LI Orga	inization/Club	Trip, specify		🗆 Other (a	thletic, band, if applicable)
DECITION AND ADDRESS OF	×∨.v <u>.uro</u> en mr	Out of County	DRESS. ALA	Chiulle Disone	
□ Ove	rnight: give na	me, address, ph	one of lodging	inty //	
	B-11-1, B11-0 11-11-1		one or longing -		
DATE(S) O	F TRIP	7/23 DEP	ARTURE TIME V	LOO RETURN	TIME
PURPOSE/	EDUCATIONAL V	ALUE			
FOIID CT. C	E TYPE TO S		·		
		TRIP			
Attach	a description	of estimated	l expenses in	acluding, but no	t limited to, lodging, meals,
registrat	ion, and all of	ner anticipated	l travel expens	es.	
BILL TOU	NOS	TUDENT SHALL B	E DENIED THE TR	IP BECAUSE OF AN IN	ABILITY TO PAY.
DILL IRI	EXPENSES 10	: LI SPUNSORIN	G ORGANIZATIO	ON D SCHOOL COUN	ICIL DOARD DOTHER, SPECIFY
NUMBER	OF: STUDENTS	FACULTY	SPONSORS	OTHER CHAPERON	VES
MODE OF	DF: STUDENTS _C OTAL # OF PART TRANSPORTATION	ON OS			
1	S DISTRICT TRAI	NSPORTATION NE	EDED? □NO	YES, SEE PROCED	OURE 09.36 AP 212
L	CERTIFICATED PRIVATE VEHIC	CLE TE ALLOWER	ER: SPECITY	CIFY DRIVER(S)	
SUPERVIS	ION (ATTACH L	IST OF NAMES	OF ADULTS ACCO	MPANYING STUDENT	S ON TRIP
Have a	ll chaperones	s undergone	the required	records sheets	and been designated by the
Drincipa	/designee to s	siinervise stude	ents'/ I Ves	$\Box N_{\alpha}$	
Person co	ntacted at venue	to discuss EAP:		Person malcin	g contact:
Is there ar	Automated Ext	ernal Defibrillato	r (AED) on site:	T Ves D No If yes	where:
Does the	venue have	an Emergency	Response Tear	n I Ves II No	If yes, how are they contacted:
			reosponse real	п. П тез П 140	in yes, now are they contacted:
School Er	nployee(s) Atten	ding Trip (Please	note beside nam	e if employee is CPR	trained):
	······································				aumou).
				-	
					
(Plea	se use separate sh	eet and attach to th	is form if more spa	ce is needed to list school	ol employees attending).
	1.	14.		TO THE TOTAL SO THE BOTTON	or employees attending).
	Signatur	e of Faculty Spons			10/17/23
Trin has he	en 🗆 approved		eason for disapprov		Date '
		a disapproved. K	eason for disappro-	\a1	
5	Call 1	lul-			0/17/22
1		rintendent/Designe		-	Date
For	overnight and/or	out-of-state trips, a	pproval of the Sup-	erintendent and/or Board	may be required by policy 09.36.
RELATE	PROCEDURE	S: 09.36 AP.1, 09.	36 AP.21, 09.36 A	P.211, 09.36 AP.212	•

INSTRUCTIONS

1. Requests must be submitted to the Transportation Department two weeks prior to each 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.

THIS SI	ECTION TO BE COMPLE	TED BY PRINCIPAL	
School A CPCTeacher In Charge JO		Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	•
Date Trip Was Approved 1017	By Whom I pah Ren	FOW	
Destination Adventure Science Museum Out of State Date(s) Of Trip Departure	Address 800 Fo	rt Fogley Rd	Nashuille, TV
Out of State Out of Out of	of County	Within County	Overnight
Date(s) Of Trip Departure	Time From School 800	Time you plan to arrive	back at school 130
Charge Trip Expenses To D = M = (010-1-118-0894		
Number of Riders (including sponsors	and chaperones):	/25 students	() Staff
37 1 000	gular Special Nee		, , , , , , , , , , , , , , , , , , , ,
Any special transportation needs? (e.g.	under storage compartments	for luggage, etc)	
Any special transportation needs? (e.g.	under storage compartments	for luggage, etc)	
THIS SECTION TO	BE COMPLETED BY TR		EPARTMENT
	BE COMPLETED BY TR	ANSPORTATION DI	
THIS SECTION TO Bus Number Driver Time: Depart	BE COMPLETED BY TR 's Name Return	ANSPORTATION D	Total Hours
THIS SECTION TO Bus Number Driver	BE COMPLETED BY TR 's Name Return Return	ANSPORTATION D	Total Hours
THIS SECTION TO Bus Number Driver Time: Depart Mileage: Depart Actual Expenses: Driver(s) \$	BE COMPLETED BY TR 's Name Return Return	ANSPORTATION DI	Total Hours
THIS SECTION TO Bus Number Driver Time: Depart Mileage: Depart Actual Expenses: Driver(s) \$	BE COMPLETED BY TR 's Name Return Return Lodging \$	ANSPORTATION DI	Total HoursTotal Miles

SUBMIT THIS FORM	ONE WEEK	□ TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL_ACPC	FACULT	Y MEMBER(S) SPO	the second secon	Pavel
TYPE OF TRIP (CHECK ONE):			· · · · · · · · · · · · · · · · · · ·	<u></u>
Classroom Field Trip	☐ Class Trip	(i.e., junior, sei	nior), specify	
☐ Organization/Club Tr	ip specify		☐ Other (at	thletic, band, if applicable)
DESTINATION ACCUMINE SC	<u>jence (ente</u> ad	DRESS	PHONE	
Out of State Our	t of County	☐ Within Cou	nty	
☐ Overnight; give name	e, address, ph	one of lodging _		
DATE(S) OF TRIP \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3 nen	ARTURE TIME	·/V\	
PURPOSE/EDUCATIONAL VAI	THE CHIGNS	WETHER THE	RETURN 1	FIME
	SOE GITSHE	MILL ICO	any ann a	bout earth
SOURCE OF FUNDING FOR TE	RIP			
Attach a description	of estimate	d expenses in	cluding but not	limited to, lodging, meals
registration, and all other	r anticipated	l travel expens	es.	minted to, lodging, means
NO STU	DENT SHALL B	E DENIED THE TR	IP BECAUSE OF AN INA	RTITY TO DAY
BILL TRIP EXPENSES TO:	□ SPONSORIN	G ORGANIZATIO	N D SCHOOL COUN	CIL 🛘 BOARD K OTHER, SPECIFY
NUMBER OF: STUDENTS 25 TOTAL # OF PARTIC		•	OTHER CHAPERON	
MODE OF TRANSPORTATION IS DISTRICT TRANSI ☐ CERTIFICATED CO ☐ PRIVATE VEHICL	PORTATION NE	EDED? INO	YES, SEE PROCED	URE 09.36 AP.212.
SUPERVISION (ATTACH LIS	T OF NAMES	OF ADULTS ACCO	MPANYING STIDENTS	S ON TRIP \
Have all chaperones	undergone	the required	records check o	and been designated by the
principal/designee to su	pervise stude	ents? \square Yes	□ No	
Person contacted at venue to	discuss EAP:		Person making	g contact:
Is there an Automated Extern	ial Defibrillato	r (AED) on site: I	☐ Yes ☐ No If yes, y	where:
Does the venue have an	Emergency	Response Tear	n: 🛘 Yes 🗘 No I	If yes, how are they contacted
School Employee(s) Attending	ng Trip (Please	note beside nam	e if employee is CPR	trained):
		- · ·		***
				
		• •		
(Please us separate sheet	and attach to th	is form if more space	e is needed to list schoo	l employees attending).
7				1/117122
Signature o	f Faculty Spons	ior		1011/123
		eason for disapprov	ral	Ditte
Simila 10			·	15/1/100
Signature of Superin	tentlent/Design	?e	•	1011123
For overnight and/or ou	1/			Dute

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

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised:9/18/2023

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THIS SEC	TION TO BE COMPLET	ED BY PRINCIPAL	
School ACPC Teacher In Charge $$ $$ $$ $$ $$ $$	x Stinson		
Date Trip Was Approved 10 17 By	Whom Leah Renfra	W	
Destination Adventure Science Museum Out of State Date(s) Of Trip Charge Trip Expenses To D = M = 0 Number of Riders (including sponsors and Number of Bus(es) Needed Any special transportation needs? (e.g. ur	me From School 800 Ti 10 - - 18 - 0894 1 chaperones): QLC (2 lar Special Needs der storage compartments for	Within County me you plan to arrive back at school QU Students 25 taff s w/Lift or luggage, etc)	
•		NSPORTATION DEPARTMENT	
		Total Hours	
Mileage: Depart			
Actual Expenses: Driver(s) \$			
		Fuel \$	
Signature of Transporta	ion Director	Date	
	Mileage Or	ared to Roard of Edwarfiant	

SUBMIT THIS FORM	□ ONE WEEK	☐ TWO WEEKS	□ OTHER, SPECIFY	PRIOR TO THE TOP
SCHOOL TOP	and the state of the second se		ONSORING TRIP AS	PRIOR TO THE TRIP.
TYPE OF TRIP (CHECK ONE Classroom Field Tr Organization/Club DESTRIATION	i): ip □ Class Trip Trip , specify _ ((i.e., junior, ser	nior), specify Other (at	hletic, band, if applicable)
SOURCE OF FUNDING FOR	ALUE Alians Corth and TRIP	its weigh	iding unit	
registration, and all of	ner anticipated	travel expense	es.	limited to, lodging, meals,
NO S BILL TRIP EXPENSES TO	TUDENT SHALL B.: SPONSORING	E DENIED THE TR G ORGANIZATIO	IP BECAUSE OF AN INA N D SCHOOL COUNC	BILITY TO PAY. CIL D BOARD D OTHER, SPECIFY
NUMBER OF: STUDENTS 2 TOTAL # OF PART	FACULTY ICIPANTS 2()	sponsors <u>2</u>	OTHER CHAPERON	ES
MODE OF TRANSPORTATIO IS DISTRICT TRAN ☐ CERTIFICATED ☐ PRIVATE VEHIC	ISPORTATION NE COMMON CARRI	ER: SPECIFY	YES, SEE PROCEDU	URE 09.36 AP.212.
SUPERVISION (ATTACH L	IST OF NAMES (OF ADULTS ACCO	MPANYING STIDENTS	ON TRIP
Have all chaperones principal/designee to s	undergone	the required	records check a	nd been designated by the
Person contacted at venue	to discuss EAP:		Person making	T contact.
Is there an Automated Exte	ernal Defibrillato	r (AED) on site: [☐ Yes ☐ No If yes y	where
Does the venue have	an Emergency	Response Tean	n:	f yes, how are they contacted:
School Employee(s) Atten ALLY STINSON Chylasi & Tuck		•		
(Please use separate she	eet and attach to thi	s form if more space	e is needed to list school	l amployage attendine)
Mind Palus	^ ·		o is needed to list school	
Signature	of Kaculty Spons	or		0[[7] 23 Date
Trip has been □ approved	☐ disapproved. R	eason for disapprov	al	
Llow /	Deif-			10/17/23
Signature of Super	<i>V</i>			Date

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THI	S SECTION TO BE COMPLE	TED BY PRINCIPA	AL.
School ACPC Teacher In Charge			
Date Trip Was Approved 10 (()	By Whom Leah Renfro	W	
Destination Adventure Science M	Aseum Address 800 Fortho	igley Ra Na	shuille.TN
Out of State	Out of County	Within County	Overnight
Out of State Date(s) Of Trip Depart	ture Time From School 800	Time you plan to arri	ve back at school 130
Charge Trip Expenses To D = M	= 010-1-118-0894	•	
Number of Riders (including spons		23 students	1 Staff)
Number of Bus(es) Needed	Regular Special Nee	ř	
Any special transportation needs? (THIS SECTION	e.g. under storage compartments TO BE COMPLETED BY TR		DEPARTMENT
*	iver's Name	The fact of the second	
			Total Hours
Mileage: Depart	Return		Total Miles
Actual Expenses: Driver(s) \$			
Meals \$	Lodging \$		Fuel \$
Signature of Tran	sportation Director		Date
	The second secon	And the same of th	· ·

SUBMIT THIS FORM	□ ONE WEEK	□ TWO WEEKS	☐ OTHER, SPECIFY	DRYAD TA TITL TRYB	
SCHOOL MARL	FACULTY	MEMBER(S) SP		PRIOR TO THE TRIP.	
TYPE OF TRIP (CHECK ONE) Classroom Field Tri Classroom Field Tri Organization/Club T DESTINATION (C) P (C) Out of State CO COvernight; give name	: p ☐ Class Trip Trip , specify MUS-UMADD ut of County	(i.e., junior, ser RESS Nash ((1)	nior), specify Other (a	othletic, band, if applicable) _	
DATE(S) OF TRIP 11/1/2 PURPOSE/EDUCATIONAL VA EACY to 1 Med SOURCE OF FUNDING FOR T	LUE <u>Alighs</u> Aldany		rading u	ait relating to	
nosi	er anticipated <i>UDENT SHALL BE</i>	travel expens	es. <i>IP BECAUSE OF AN IN</i> .	t limited to, lodging, m ABILITY TO PAY. ICIL BOARD OTHER, SPE	
NUMBER OF: STUDENTS	FACULTYS CIPANTS SPORTATION NER COMMON CARRI	PONSORS	OTHER CHAPERON	NES	CIFY
SUPERVISION (ATTACH LI	ST OF NAMES O	E ADIII TO ACCO	MRANZOIC CONTOURS		
Have all chaperones principal/designee to su Person contacted at venue to Is there an Automated Exten	undergone t pervise student discuss EAP: _	he required nts? \square Yes	records check a No Person makin	and been designated by	the
Does the venue have a	in Emergency	Response Tear	m: \square Yes \square No	If yes, how are they conta	notad:
School Employee(s) Attend	ing Trip (Please	•		* * * * * * * * * * * * * * * * * * * *	icted.
(Please use separate shee	et and attach to this	form if more space	ce is needed to list school	ol employees attending)	
YADrier K	A Commence of		to in invocate in instruction	on employees attending).	
	of/Faculty Sponso	r		Date	
Trip has been □ approved I	☐ disapproved. Re	ason for disapprov	val		
Keal	Mile			10/14/23	
Signature of Superi	ntendent/ be signee		-	Date	_

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Review/Revised:9/18/2023