

Vehicle Request Form

INSTRUCTIONS

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

THIS SECTION TO BE COMPLETED BY PRINCIPAL

School ACPC Teacher In Charge Josette Carter

Date Trip Was Approved 10/17 By Whom Leah Renfrow

Destination Adventure Science Museum Address 800 Fort Negley Rd Nashville, TN 37203

Out of State Out of County Within County Overnight

Date(s) Of Trip 11/20 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 (24 students, 1 staff)

Number of Bus(es) Needed Regular Special Needs w/Lift

Any special transportation needs? (e.g. under storage compartments for luggage, etc...)

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT

Bus Number _____		Driver's Name _____	
Time: Depart _____	Return _____	Total Hours _____	
Mileage: Depart _____	Return _____	Total Miles _____	
Actual Expenses: Driver(s) \$ _____		Fuel Usage: _____	
Meals \$ _____	Lodging \$ _____	Fuel \$ _____	
_____ <i>Signature of Transportation Director</i>		_____ Date	

Mileage Owed to Board of Education: \$ _____

The sponsoring group is responsible for all transportation costs associated with the trip, including the driver's salary plus any applicable overtime wages and deductions required by law.

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL ACRC FACULTY MEMBER(S) SPONSORING TRIP Joseph Carter

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION Nashville, TN ADDRESS _____ PHONE _____

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11-17-23 DEPARTURE TIME 8:00 RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE aligns to reading unit - Earth and its neighbors

SOURCE OF FUNDING FOR TRIP _____

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.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 24 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 25

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? 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

Person contacted at venue to discuss EAP: _____ Person making contact: _____

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: _____

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Joseph Carter _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

[Signature] _____
Signature of Faculty Sponsor Date

Trip has been approved disapproved. Reason for disapproval _____
[Signature] _____
Signature of Superintendent/Designee Date 10/17/23

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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4. If overnight trip, attach name, address and phone number of lodging.

THIS SECTION TO BE COMPLETED BY PRINCIPAL

School ACPC Teacher In Charge Lisa Stinson

Date Trip Was Approved 10/17 By Whom L Renfrow

Destination Adventure Science Museum Address 800 Fort Negley Rd Nashville, TN 37203

Out of State Out of County Within County Overnight

Date(s) Of Trip 11/17-11/20 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 (24 students, 1 staff)

Number of Bus(es) Needed Regular Special Needs w/Lift

Any special transportation needs? (e.g. under storage compartments for luggage, etc...)

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT

Bus Number _____ Driver's Name _____

Time: Depart _____ Return _____ Total Hours _____

Mileage: Depart _____ Return _____ Total Miles _____

Actual Expenses: Driver(s) \$ _____ Fuel Usage: _____

Meals \$ _____ Lodging \$ _____ Fuel \$ _____

Signature of Transportation Director _____ Date _____

Mileage Owed to Board of Education: \$ _____

The sponsoring group is responsible for all transportation costs associated with the trip, including the driver's salary plus any applicable overtime wages and deductions required by law.

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL ACPC FACULTY MEMBER(S) SPONSORING TRIP L Stinson

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION Adventure Science Museum ADDRESS Nashville PHONE TN

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/17/23 DEPARTURE TIME 9:00 RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 24 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 25

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? 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

Person contacted at venue to discuss EAP: _____ Person making contact: _____

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: _____

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Lisa Stinson
Signature of Faculty Sponsor

10/17/23
Date

Trip has been approved disapproved. Reason for disapproval _____

Larry Ruff
Signature of Superintendent/Designee

10/17/23
Date

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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4. If overnight trip, attach name, address and phone number of lodging.

THIS SECTION TO BE COMPLETED BY PRINCIPAL

School ACPC Teacher In Charge Jamie Beaver

Date Trip Was Approved 10/17 By Whom Leah Renfrow

Destination Adventure Science Museum Address 800 Fort Fogley Rd Nashville, TN

Out of State Out of County Within County Overnight

Date(s) Of Trip 11/17 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): 26 (25 students, 1 staff)

Number of Bus(es) Needed Regular Special Needs w/Lift

Any special transportation needs? (e.g. under storage compartments for luggage, etc...)

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT

Bus Number _____	Driver's Name _____
Time: Depart _____	Return _____ Total Hours _____
Mileage: Depart _____	Return _____ Total Miles _____
Actual Expenses: Driver(s) \$ _____	Fuel Usage: _____
Meals \$ _____	Lodging \$ _____ Fuel \$ _____
Signature of Transportation Director _____	Date _____

Mileage Owed to Board of Education: \$ _____

The sponsoring group is responsible for all transportation costs associated with the trip, including the driver's salary plus any applicable overtime wages and deductions required by law.

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL ACPC FACULTY MEMBER(S) SPONSORING TRIP Beaver

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION Adventure Science Center ADDRESS _____ PHONE _____

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/17/23 DEPARTURE TIME 8:00 RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE aligns with reading unit about earth

SOURCE OF FUNDING FOR TRIP _____

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.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 26

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? 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

Person contacted at venue to discuss EAP: _____ Person making contact: _____

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: _____

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Jamie Beaver _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

[Signature]
Signature of Faculty Sponsor

10/17/23
Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

10/17/23
Date

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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3. Please attach a tentative transportation itinerary, including any planned stops.
4. If overnight trip, attach name, address and phone number of lodging.

THIS SECTION TO BE COMPLETED BY PRINCIPAL

School ACPC Teacher In Charge Alex Stinson

Date Trip Was Approved 10/17 By Whom Leah Renfrow

Destination Adventure Science Museum Address 800 Fort Nagley Rd Nashville, TN

Out of State Out of County Within County Overnight

Date(s) Of Trip 11/20 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): 26 (24 students & 2 staff)

Number of Bus(es) Needed Regular Special Needs w/Lift

Any special transportation needs? (e.g. under storage compartments for luggage, etc...)

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT

Bus Number _____	Driver's Name _____
Time: Depart _____	Return _____ Total Hours _____
Mileage: Depart _____	Return _____ Total Miles _____
Actual Expenses: Driver(s) \$ _____	Fuel Usage: _____
Meals \$ _____	Lodging \$ _____ Fuel \$ _____
_____ <i>Signature of Transportation Director</i>	_____ <i>Date</i>

Mileage Owed to Board of Education: \$ _____

The sponsoring group is responsible for all transportation costs associated with the trip, including the driver's salary plus any applicable overtime wages and deductions required by law.

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL HOPE FACULTY MEMBER(S) SPONSORING TRIP ASHANSON

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION Adventure Science ADDRESS Nashville, TN PHONE _____

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/17/23 DEPARTURE TIME 8:00 RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE Aligns to reading unit relating to Earth and its neighbors

SOURCE OF FUNDING FOR TRIP _____

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.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 24 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 26

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? 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

Person contacted at venue to discuss EAP: _____ Person making contact: _____

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: _____

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Alex Stinson
Chelasia Tucker

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Amy Stinson Signature of Faculty Sponsor 10/17/23 Date

Trip has been approved disapproved. Reason for disapproval _____

Leah Reef Signature of Superintendent/Designee 10/17/23 Date

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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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.

THIS SECTION TO BE COMPLETED BY PRINCIPAL

School ACPC Teacher In Charge Patricia Royals

Date Trip Was Approved 10/16 By Whom Leah Renfrow

Destination Adventure Science Museum Address 800 Fort Nagley Rd Nashville, TN

Out of State Out of County Within County Overnight

Date(s) Of Trip 11/20 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): 24 (23 students, 1 staff)

Number of Bus(es) Needed Regular Special Needs w/Lift

Any special transportation needs? (e.g. under storage compartments for luggage, etc...)

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DEPARTMENT

Bus Number _____		Driver's Name _____	
Time: Depart _____	Return _____	Total Hours _____	
Mileage: Depart _____	Return _____	Total Miles _____	
Actual Expenses: Driver(s) \$ _____		Fuel Usage: _____	
Meals \$ _____	Lodging \$ _____	Fuel \$ _____	
_____ <i>Signature of Transportation Director</i>		_____ <i>Date</i>	

Mileage Owed to Board of Education: \$ _____

The sponsoring group is responsible for all transportation costs associated with the trip, including the driver's salary plus any applicable overtime wages and deductions required by law.

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL ALP FACULTY MEMBER(S) SPONSORING TRIP P Royals

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip
- Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____
- Other (athletic, band, if applicable) _____

DESTINATION Science Museum ADDRESS Nashville, TN PHONE _____

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/17/23 DEPARTURE TIME 8:00 RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE Aligns with reading unit relating to Earth + neighbors

SOURCE OF FUNDING FOR TRIP _____

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.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY _____

NUMBER OF: STUDENTS 23 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 24

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? 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

Person contacted at venue to discuss EAP: _____ Person making contact: _____

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: _____

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: _____

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Pamela Royals _____

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Pamela Royals
Signature of Faculty Sponsor _____ Date _____

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee _____ Date 10/14/23

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