



School-Related Student Trip Request Form

2/15/21 ✓

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. Overnight and Out of State trips must be board approved.
4. If overnight trip, attach name, address and phone number of lodging, and a transportation itinerary, including any planned stops.

SCHOOL JEBMS FACULTY MEMBER IN CHARGE CHRIS CARTER

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip  Organization/Club/Class/Athletic Trip (specify) Baseball
- Itinerary Attached  Itinerary to follow  No planned stops
- DESTINATION: Portland TN. ADDRESS 600 College Street PHONE 615-325-9201
- Out of State  Out of County  Within County  Overnight

DATE(S) OF TRIP 4-9-24 TIME YOU PLAN TO DEPART FROM SCHOOL 4:00 PM

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 9:00 PM

PURPOSE/EDUCATIONAL VALUE Baseball Game

BILL TRIP EXPENSES TO: Middle School Baseball

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 20 Faculty Sponsors 1 Other Chaperones 3  
Total # of Participants (Riders) 24

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

Chris Carter  
Signature of Faculty Sponsor

2-14-24  
Date

Date

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

\_\_\_\_\_  
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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SCHOOL JBMS FACULTY MEMBER IN CHARGE Jon Porter

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip  Organization/Club/Class/Athletic Trip (specify) Washington DC  
 Itinerary Attached  Itinerary to follow  No planned stops

DESTINATION: Washington DC ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Out of State  Out of County  Within County  Overnight

DATE(S) OF TRIP October 5-7 TIME YOU PLAN TO DEPART FROM SCHOOL \_\_\_\_\_

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL N/A

PURPOSE/EDUCATIONAL VALUE Historical tours & lessons

BILL TRIP EXPENSES TO: N/A

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 35 Faculty Sponsors 3 Other Chaperones 3  
 Total # of Participants (Riders) N/A

MODE OF TRANSPORTATION

Is District Transportation Needed? No Yes, see Procedure 09.36 AP.212  
 Certificated Common Carrier (i.e. Charter Bus), specify company Flight - American Airlines  
 Private Vehicle, if allowed by policy; specify driver(s) N/A

Any special transportation needs? (e.g. under storage compartments for luggage, etc...) No

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

1-29-2024  
Date

Trip has been	approved	disapproved, reason for disapproval
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.		