STUDENTS 09.36 AP.21

School-Related Student Trip Proposal Form SIMPSON COUNTY SCHOOLS

Teachers/Activity Sponsors: Requests should be made to the Principal at least 2 weeks prior to the trip.

Staff Name: Brookiyn Holder	Submission Date: 1.1.24
School: FSHS	Grade/Class/Group: 694-11
Name of Event/Activity: UCA MAHON	als Location: Orlando, Fl
Date of Event/Activity: 2.6.25 - 2.11.	Departure Time: Return Time:
Description of Event/Activity (include educations	al purpose):
compete at the nation	nal level for cheerleadin
represent our scho	iol at the highest lev
# of Students: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	# of Adults: 2
Fees (Note: Parents may see a higher fee due to bookkeeper and Principal will determine the final	an administrative fee that may be added. Your schol costs of all trips.)
Fee per Student:	Fee per Adults:
Fee to be paid by (check all that apply):	Student/Adults:
Meals (check all that apply): None: □ P	Walk: □ Other: □ (Please specify): Plan Sulfnwcs- rovided by School: □ Provided by Parent: □ by service and location): Boosters
Other: 2 (specif	y service and location). DOUSTE IS
Posting Date (parents will see item online this date	te):
Purchase Deadline (date until trip will be available	e online):
Revenue Coding/Deposit Category:	
achievement of the School's/District's instruc	program and will contribute significantly to ctional goals. All chaperones have undergone d by the Principal/designee to supervise students
	11/11/24
Signature of Principal	Date
Approved by Superintendent	Date

Return form to school bookkeeper.

All expenses are covered by Page 1 of 2 FSHS Cheer Boosters.