## 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: Dee Spincer	Submission Date: 11/15/24
School: F5Hs	Grade/Class/Group: 9-12
Name of Event/Activity: Smokey Mountain Chrishm Date of Event/Activity: Dec. 18-21	Departure Time: 1 Return Time: 734
Date of Event/Activity: Dec. 18-21	Departure Time: 1 Return Time: 73 A
Description of Event/Activity (include educational purpose):  Basilutball Townsmert	
# of Students: 13	of Adults:
Fees (Note: Parents may see a higher fee due to an action bookkeeper and Principal will determine the final costs	
Fee per Student: N/A	e per Adults: N/A
Fee to be paid by (check all that apply): Sc	hool: □ Student/Adults: □
Transportation (check all that apply): Bus: □ Walk: □ Other: □ (Please specify):	
Meals (check all that apply): None: ☐ Provided by School: ☐ Provided by Parent: ☐	
Other:  (specify service and location): Booshs Club	
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Posting Date (parents will see item online this date):	NIA
Purchase Deadline (date until trip will be available onli	ine): N/A
Revenue Coding/Deposit Category:	N/A
This field trip is part of the instructional prograchievement of the School's/District's instruction required records check and have been approved by	al goals. All chaperones have undergone the
Signature of Teacher	11/13/24 Date
Signature of Principal	Date  /// 15/24  Date
Sheriff of Filicipal	Date
Approved by Superintendent	Date

Return form to school bookkeeper.