SUBMIT THIS FORM ☐ ONE WEEK ☐ TWO WEEKS ☐ OTHER, SPECIFY PRIOR TO THE TRIP.
PRIOR TO THE TRIP.
SCHOOL ACSHOOL FACULTY MEMBER(S) SPONSORING TRIP T. LOOK, J. Pace, M. Valone, A. Stamps TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e. junior senior) specific
Urganization/Club Trip, specify
ADDRESS 1875 (colded Beat PHONE (1915) 758-51-61-6
Dut of State Out of County Within County Gateway MT. I-114 TN 37122
☐ Overnight; give name, address, phone of lodging
DATE(S) OF TRIP 1/24/26 DEPARTURE TIME TBD RETURN TIME TBD
PURPOSE/EDUCATIONAL VALUE wintergrand Contest
SOURCE OF FUNDING FOR TRIP band account
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 COMPANY 20
NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 OTHER CHAPERONES 0
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? IN NO INVESSEE PROCEDURE 00 26 AB 212
☐ CERTIFICATED COMMON CARRIER; SPECIFY
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)
Have all changeones undersome the
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: Chaz Biedsoe Person making contact: T. Cook
Is there an Automated External Defibrillator (AED) on site: Yes \( \sqrt{No If yes, where: } \( \alpha \)
Does the venue have an Emergency Response Team: X Yes I No If yes, how are they contacted:
911 - 911
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
1. (ook
J. Pace M. Valone
A. Stamps  (Please was apparent about and the short and th
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
- Jylly (, DON / )2/1/2T
Signature of Faculty Sponsor Date
Trip has been approved  disapproved. Reason for disapproval
A .
Augh 12/1/25
Signature of Superintendent/Designee Date
For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by notice of the Superintendent and/or Board may be required by notice of the Superintendent and/or Board may be required by notice of the Superintendent and/or Board may be required by notice of the Superintendent and/or Board may be required by notice of the Superintendent and/or Board may be required by notice of the Superintendent and/or Board may be required by notice of the Superintendent and/or Board may be required by notice of the Superintendent and/or Board may be required by notice of the Superintendent and/or Board may be required by notice of the Superintendent and/or Board may be required by notice of the Superintendent and superin

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

Charles and the second of the				PRIOR TO THE TRIP
SUBMIT THIS FORM	ONE WEEK	☐ TWO WEEKS	OTHER, SPECIFY	PRIOR TO THE TRIP.
SCHOOL ACHS	FACULT	TY MEMBER(S) SP	ONSORING TRIP T. Cook	, J. Pace, M. Valone, A. Stamps
TYPE OF TRIP (CHECK ONE  ☐ Classroom Field Tr ☐ Organization/Club  DESTINATION W; Son Cr	): ip□ Class Trip	(i.e., junior, se	enior), specify	
DESTINATION W; 1500 (2.0)  ☐ Out of State ☐ Overnight; give nar	out of County	☐ Within Co	unty Lebanon, TN 3-	7090
DATE(S) OF TRIP 2/14 PURPOSE/EDUCATIONAL V	ALUE WINTER	ARTURE TIME	TBD RETURN TIP	ME TBD
SOURCE OF FUNDING FOR	TRIP band a	ccount		
registration, and all ot	her anticipate	d travel expen	Ses. TRIP BECAUSE OF AN INAB	limited to, lodging, meals,
NUMBER OF: STUDENTS TOTAL # OF PART	TCIPANTS 4	SPONSORS	other chaperones	s_ <u>0</u>
MODE OF TRANSPORTATION IS DISTRICT TRANSPORTED CERTIFICATED PRIVATE VEHICLE	NSPORTATION N COMMON CARE	RIER; SPECIFY	ECIFY DRIVER(S)	RE 09.36 AP.212.
SUPERVISION (ATTACH L	IST OF NAMES	OF ADULTS ACC	OMPANYING STUDENTS O	ON TRIP.)
Have all chaperones principal/designee to				d been designated by the
Person contacted at venue				contact: 7. Cook
Is there an Automated Ext	ernal Defibrillat	or (AED) on site	: XYes \( No If yes, with	here: gym
Does the venue have	an Emergency	Response Te	am: Yes No If	yes, how are they contacted:
School Employee(s) Atter	ding Trip (Pleas	se note beside na	me if employee is CPR tr	ained):
J. Pace				
M. Valone A. Stamp				
		his form if more sr	pace is needed to list school	employees attending)
(Frease use separate si	11 1	oon in more sp	sace is needed to list school	17/1/2.5
Signatur	e of Faculty Spor	isor		Date
Trip has been approved	☐ disapproved.	Reason for disappr	oval	
Rolling			r r	2/1/25
Signature of Supe	rintendent/Design	iee		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

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY PRIOR TO THE TRIP.
SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP T. Coch, J. Pace, M. valore, A. Stamps
TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
Organization/Club Trip, specify  DESTINATION Siegel H5  ADDRESS 3300 Siegel Rd, PHONE (1015) 904-3800
DESTINATION STEPET HS ADDRESS 3300 STEPET PHONE (1615) 904-3800
Out of State Out of County Within County Marfreesboro, TN # 37129
Overnight; give name, address, phone of lodging
DATE(S) OF TRIP 3/14/26 DEPARTURE TIME TOD RETURN TIME TBD
PURPOSE/EDUCATIONAL VALUE wintergrand (fercussion contests
TURI OSE EDUCATIONAL VALUE WITH JOHN 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19
SOURCE OF FUNDING FOR TRIP band account
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 40 FACULTY SPONSORS 7 OTHER CHAPERONES 5
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: Katie Nicholson Person making contact: T. Cook
Is there an Automated External Defibrillator (AED) on site: \( \sqrt{Y} \) Yes \( \sqrt{N} \) No If yes, where: \( \frac{940}{340} \) and it is in \( \sqrt{N} \)
Does the venue have an Emergency Response Team: Yes I No If yes, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
T. Cook
J. Pace
M. Valore A. Stamps
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
14/h Cod 12/125
Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval
A 0 -
Signature of Superintendent/Designee   12/1/25
Dute , 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

TOTHER SPEC	PRIOR TO THE TRIP.
SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPEC	
SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP	Crability
TYPE OF TRIP (CHECK ONE):	
☐ Classroom Field Trip☐ Class Trip (i.e., junior, senior), specify	her (athletic, band, if applicable)
Organization/Club Trip, specify Academic Team Ott	mer (aumetre, band, ir applicable)
DESTINATION Gallatin High School ADDRESS Gallatin, TN PHON	L
☑ Out of State ☐ Out of County ☐ Within County	
☐ Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 2-7-26 DEPARTURE TIME 7:00 AM RE	TURN TIME 5 PM
PURPOSE/EDUCATIONAL VALUE COMPETE IN THE SUMMER CO.	Constational
PURPOSE/EDUCATIONAL VALUE COMPET ( IN 1998 SWIPS CO.	Mail Sanday:
SOURCE OF FUNDING FOR TRIP Giffel + Talonted	
SOURCE OF FUNDING FOR TRIP OFFEE TO LINE IN A LINE OF THE SOURCE OF FUNDING FOR TRIP OFFEE TO LINE OF THE SOURCE OF FUNDING FOR TRIP OFFEE TO LINE OF THE SOURCE OF FUNDING FOR TRIP OFFEE TO LINE OF THE SOURCE OF	t not limited to lodging meals
Attach a description of estimated expenses including, bu	t not ininica to, loaging, means,
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 LI BOARD EL OTHER, SPECIFY
NUMBER OF: STUDENTS 18 FACULTY SPONSORS 1 OTHER CHAIN	PERONES
NUMBER OF: STUDENTS 18 FACULTY SPONSORS 1 OTHER CHAIR TOTAL # OF PARTICIPANTS 19	
MODE OF TRANSPORTATION	OCCUPATIVE 00 27 A B 212
IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES, SEE PH☐ CERTIFICATED COMMON CARRIER; SPECIFY	ROCEDURE 09.36 AP.212.
PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)	
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STU	
Have all chaperones undergone the required records che	
principal/designed to supervise students?   Ves   No	
principal/designee to supervise students: 2 1es 2 1es	Alan Captree
Person contacted at venue to discuss EAP: Brian Hour Person	making contact:
Is there an Automated External Defibrillator (AED) on site: X Yes LI No I	If yes, where:
Does the venue have an Emergency Response Team: X Yes C	No If yes, how are they contacted:
School Employee(s) Attending Trip (Please note beside name if employee is	s CPR trained):
Adam Crabtrue	
(Please use separate sheet and attach to this form if more space is needed to lis	st school employees attending).
(1 least use separate and attach to this form it more space is needed to his	
While the	11-24-25
Signature of Faculty Sponsor	Date
Trip has been approved  disapproved. Reason for disapproval	
Klingh	12/1/28
Signature of Superintendent/Designee	Date
Gop overnight and/or out-ot-state trips, approval of the Superintendent and/or	r 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