

**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 JEBMS FACULTY MEMBER(S) SPONSORING TRIP Jenna Neal

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Frist Art Museum ADDRESS 919 Broadway PHONE 615-254-3340

- Out of State  Out of County  Within County Nashville TN 37203
- Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 11/10/2023 DEPARTURE TIME 9:00 RETURN TIME 2:30

PURPOSE/EDUCATIONAL VALUE Having students see and interact with art in a public gallery we will do gallery walk critique and  
SOURCE OF FUNDING FOR TRIP Art club will fundraise for food. describe connect and make inferences.

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 JEBMS Art

NUMBER OF STUDENTS 15 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 16

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.) Jenna Neal

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: Brittany Vaneysber Person making contact: \_\_\_\_\_

Is there an Automated External Defibrillator (AED) on site:  Yes  No If yes, where: on main floor near elevator

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: panic buttons or via phone

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):  
Jenna Neal ~~not certified~~ CPR Trained not certified.

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

Jenna Neal  
Signature of Faculty Sponsor

10/9/2023  
Date

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____
<u>[Signature]</u> Signature of Superintendent/Designee
<u>10/10/2023</u> 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