

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 South Todd FACULTY MEMBER(S) SPONSORING TRIP Jennifer Byrd

TYPE OF TRIP (CHECK ONE):

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

DESTINATION ICE, OPRYland Resort ADDRESS 2800 Opryland Pk Nashville, TN 37214 PHONE 1-615-899-1000

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 12/7/23 DEPARTURE TIME 8:30 RETURN TIME 2:30

PURPOSE/EDUCATIONAL VALUE We are doing a book study over Polar Express. ICE is a polar Express experience - where students can see the book brought to life in ice.

SOURCE OF FUNDING FOR TRIP SBDM field trip funds & PTO

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 57 FACULTY SPONSORS 3 OTHER CHAPERONES 2
TOTAL # OF PARTICIPANTS 62

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: Lauren McDaniel Person making contact: Jennifer Byrd

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: by retail counter

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Contact operations manager or call security dispatch @ 615-458-555.

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Jennifer Byrd _____ Jerri Wofford
Stephanie Coquest _____
Cheryl Queen _____
Crystal Putty _____

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

Jennifer Byrd
Signature of Faculty Sponsor

10-30-23
Date

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee *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

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 10/27/23 Date of Event: 12/7/23

Organization: School: South Todd Elementary

Number of Passengers 602

Type of Trip (Check One)

In-County Instructional

In-County Athletic

Other: (Explain In Detail)

Out-of-County Instructional

Out-of-County Athletic

Out-of-State Instructional

Out-Of-State Athletic

Destination (Event, City, and State): Ice, Opryland Resort, Nashville, TN

Planned Stops To and From: None

Departing Location: South Todd Elementary

Date of Departure: 12/7/23

Time of Departure: 8:30

Returning Location: South Todd Elementary

Date of Return: 12/7/23

Time of Return: -2:30

Chaperone/s: Chaperone's Phone #: Jennifer Byrd - 270-791-6723

Cheryl Queen - 270-348-0227

Stephanie Conquest 931-572-7941

Crystal Putty - 270-498-2010

Special Requests (Check One)

Van

Handicap Access

Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? Yes

No (Check One)

Person Driving Van: N/A

Trip Requested By: Jennifer Byrd

Organization Responsible for Payment - South Todd

Approval of Site Based Council Representative

Jennifer Byrd

Date:

10/30/23

DISTRICT USE ONLY

Section 2

Approval of District Representative

Date:

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure:

Odometer Start:

Date/Time of Return:

Odometer End:

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature

Date:

Driver Comments: Click here to enter text.

Coach or School Representative Signature

Date:

1st grade Field Trip to ICE at Gaylord Resort Information

Expenses:

Tickets- \$14 a piece @ 62 tickets = \$868

Mileage- 120 miles @ \$1.50 = \$180

Bus driver- 6 hours @ \$24 = \$144

Nurse (out of State)-6 hours @ \$35 = \$210

Total = \$1402

Students will pay have at \$13 per student

SBDM funds will cover \$600

PTO will cover the extra \$100 dollars and any students that are not able to pay.