

STUDENTS

09.36 AP.21

**School-Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)**

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____	PRIOR TO THE TRIP.
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SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Lisa Petrie

**TYPE OF TRIP (CHECK ONE):**

Classroom Field Trip  Class Trip (i.e., junior, senior), specify \_\_\_\_\_

Organization/Club Trip, specify Beta Buddies  Other (athletic, band, if applicable)

DESTINATION Roxy Theater ADDRESS Clarksville, TN PHONE 931-6457699

Out of State  Out of County  Within County

Overnight; give name, address, phone of lodging  
Dec 7 or 8th - Looking for ticket availability

DATE(S) OF TRIP TBD DEPARTURE TIME 4:00pm RETURN TIME 10:00pm

PURPOSE/EDUCATIONAL VALUE To see a performance of A Christmas Carole

SOURCE OF FUNDING FOR TRIP Beta Club - students purchase ticket/seat

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 Beta Club

NUMBER OF: STUDENTS 50 FACULTY SPONSORS 2+ OTHER CHAPERONES as volunteered  
TOTAL # OF PARTICIPANTS \_\_\_\_\_

**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 Kennedy Person making contact: Lisa Petrie

Is there an Automated External Defibrillator (AED) on site:  Yes  No If yes, where: \_\_\_\_\_

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: Theater-

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):  
Lisa Petrie  
evan cantarelli

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