## SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM	☐ ONE WEEK	☐ TWO WEEKS	☐ OTHER, SPECIFY	PRIOR TO THE TRIP.			
SCHOOL ACS 45	FACULTY	MEMBER(S) SPC	ONSORING TRIP T.	Cook.			
TYPE OF TRIP (CHECK ONE				Pace			
☐ Classroom Field Tr		(i.e., junior, ser					
☐ Organization/Club	Trip . specify	<b>&gt;</b>		thletic band if applicable)			
DESTINATION MAL TOL	DESTINATION WAS TO LIES HS ADDRESS 107 CONTAIN PHONE 1015-755-51-51						
Out of State	Out of County	☐ Within Cou	nty Beer Gaters	of mt. Juliet, My 37122			
☐ Overnight; give nar	me address pho	ne of lodging		7 31122			
—	, waaress, pre	ne or roughing _					
DATE(S) OF TRIP 2	3 23 DEPA	DTIDE TIME	TBD RETURN	TIME TOO			
PURPOSE/EDUCATIONAL V		Contest		TIME 18D			
TOTA OSE/ED CONTIONAL V	ABOE S	CO 4 1 - 8 1 -					
SOURCE OF FUNDING FOR	TRIP						
Attach a description	of estimated	expenses in	cluding but not	t limited to, lodging, meals,			
registration, and all of				i minited to, lodging, meals,			
			IP BECAUSE OF AN IN				
BILL TRIP EXPENSES TO:   SPONSORING ORGANIZATION   SCHOOL COUNCIL   BOARD   OTHER, SPECIFY  BOARD   Acci.							
NUMBER OF: STUDENTS	46 FACULTYS	sponsors 2	OTHER CHAPERON	NES			
TOTAL # OF PART MODE OF TRANSPORTATION							
IS DISTRICT TRAI		EDED? □ NO	YES, SEE PROCED	OURE 09 36 AP 212			
□ CERTIFICATED	COMMON CARRI	ER; SPECIFY					
	CLE, IF ALLOWED						
SUPERVISION (ATTACH I	IST OF NAMES (	OF ADULTS ACCO	MPANYING STUDENT	S ON TRIP.)			
Have all chaperones undergone the required records check and been designated by the							
principal/designee to supervise students? \(\sigma\) Yes \(\sigma\) No							
Person contacted at venue to discuss EAP. Tony Cox. Band Director Person making contact: Tyle Cook							
Is there an Automated External Defibrillator (AED) on site: Yes \( \sqrt{No If yes, where: \( \frac{\text{High School}}{1} \)							
Does the venue have	an Emergency	Response Teat	n. I Yes M No.	If wes how are they contacted:			
Does the venue have an Emergency Response Team: \(\sigma\) Yes \(\sigma\) No If yes, how are they contacted:							
		note beside nam	e if employee is CPR	trained)			
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):							
		<del></del>					
		a a					
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).							
Tinha	a Carl	1		1/2/24			
Signatur	re of Faculty Spons	or .	<del></del>	book .			
				Date			
Trip has been □ approved	☐ disapproved. R	eason for disappro	val				
Signature of Supe	erintendent/Designe	re		Date			
or overnight and/or	out-of-state trips, a	pproval of the Sup	erintendent and/or Boar	d may be required by policy 09.36.			
RELATED PROCEDURE	S: 09.36 AP.1, 09.	36 AP.21, 09.36 A	P.211, 09.36 AP.212	y serietand of pondy osioo.			
166		,		Review/Revised:9/18/2023			
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				1000			

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SCHOOL ACSHS	FACULT	TY MEMBER(S) SPO	ONSORING TRIPChell	y Taylor Stamps
TYPE OF TRIP (CHECK ON	E):			
☐ Classroom Field Tr	Trin creaify	o (i.e., junior, se	nior), specify	114' 1 1'0 1' 11\
Organization/Club  DESTINATION Crowne Plaz	a Hotel Ar	DDEED LONGCOOL	U Other (at	hletic, band, if applicable)
☐ Out of State ☒ (	Out of County	Within Cou	inty PHONE	
Overnight; give na			ant y	
	, -, -, -			
DATE(S) OF TRIP MYCH	3-5, 2024 DEP	ARTURE TIME	3:00 am RETURN I	TIME 3:30pm
PURPOSE/EDUCATIONAL V	VALUE KEVYTU	cky United	A Noctrons A	ssembly
Mack Ceremus		In the K	Y YMCA	
SOURCE OF FUNDING FOR				
				limited to, lodging, meals,
registration, and all of				
			RIP BECAUSE OF AN INA	
BILL TRIP EXPENSES TO	): 🖾 SPONSORII	NG ORGANIZATIO	ON SCHOOL COUN	CIL D BOARD D OTHER, SPECIFY
NUMBER OF: STUDENTS	70 FACULTY FICIPANTS 72	sponsors Z	OTHER CHAPERON	ES
MODE OF TRANSPORTATION				
IS DISTRICT TRAI CERTIFICATEI			XYES, SEE PROCED	URE 09.36 AP.212. Todd Stamps-dri
□ PRIVATE VEHI	CLE, IF ALLOWE	D BY POLICY; SPE	CCIFY DRIVER(S)	(SGA
SUPERVISION (ATTACH I	LIST OF NAMES	OF ADULTS ACCO	MPANYING STUDENTS	ON TRIP.)
Have all chaperone	s undergone	the required	records check a	and been designated by the
principal/designee to				
Person contacted at venue	to discuss EAP:	: Amanda Pile C	Wism Person making	g contact: Chelly Taylor-Stamps
				where: With Y Staff & at front.
				If yes, how are they contacted:
	,	•		
School Employee(s) Atter	nding Trip (Pleas	se note beside nan	ne if employee is CPR	trained):
Todd Stamps				
Chelly Stamps				
(Pleaseause separate sh	neet and attach to t	his form if more spe	ace is needed to list school	l employees attending)
Alice ()		and form if more spe	ice is needed to fist school	
Theles ki		mpa	<u> </u>	1-3-24
	re of Faculty Spor			Date
Trip has been approved	☐ disapproved.	Reason for disappro	oval	
10	1			
Signature of Sup	printendant/Dosin	n 0 0		Date .
Dune of Dune	Design	100		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

## SchoolRelated Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM	PRIOR TO THE TRIP.					
SCHOOL FACULTY MEMBER(S) SPONSORING TRIP						
TYPE OF TRIP (CHECK ONE).						
Classroom Field Trip Class Trip (i.e., junior, senior), specify	enjor Field Trip					
☐ Organization/Club Trip, specify ☐ Other ( DESTINATION + OLI AM WORLD ADDRESS 452 F. () WISHMS BYTHONE	athletic, band, if applicable)					
Out of State Out of County Within County Janta Claus	TN.					
Overnight; give name, address, phone of lodging						
DATE(S) OF TRIP 5 11 2024 DEPARTURE TIME 11:00 am RETURN	N TIME WOOM					
PURPOSE/EDUCATIONAL VALUE						
8						
SOURCE OF FUNDING FOR TRIP						
Attach a description of estimated expenses including, but no	ot limited to, lodging, meals,					
registration, and all other anticipated travel expenses.						
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN II						
BILL TRIP EXPENSES TO:   SPONSORING ORGANIZATION   SCHOOL COU						
NUMBER OF: STUDENTS \$\frac{\sim \log 0}{50}\$ FACULTY SPONSORS \$\frac{\sim \log 0}{50}\$ OTHER CHAPERO TOTAL # OF PARTICIPANTS \$\frac{150}{50}\$	DNES					
MODE OF TRANSPORTATION						
IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES, SEE PROCE☐ CERTIFICATED COMMON CARRIER; SPECIFY☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)						
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDEN						
Have all chaperones undergone the required records check						
principal/designee to supervise students? \( \square\) Yes \( \square\) No	and seem designated by the					
Person contacted at venue to discuss EAP:Person make	ing contact:					
Is there an Automated External Defibrillator (AED) on site:   Yes  No If yes, where:						
Does the venue have an Emergency Response Team:   Yes  No	o If was how are they contacted:					
	on yes, now are they contacted.					
School Employee(s) Attending Trip (Please note beside name if employee is CP.	R trained):					
	<del></del>					
(Please use separate sheet and attach to this form if more space is needed to list sch	ool employees attending)					
	on one project anomalies.					
Signature of Faculty Sponsor	D-4-					
Trip has been approved disapproved. Reason for disapproval	Date					
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