

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 ACS HS FACULTY MEMBER(S) SPONSORING TRIP T. Cook
J. Pace

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 Mt. Juliet HS ADDRESS 1875 Golden PHONE 615-758-5606
 Out of State Out of County Within County Bear Gateway mt. Juliet, TN 37122
 Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/3/23 DEPARTURE TIME TBD RETURN TIME TBD

PURPOSE/EDUCATIONAL VALUE WG Contests

SOURCE OF FUNDING FOR TRIP _____

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 Band Acct.

NUMBER OF: STUDENTS 40 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 42

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: Tony Cox - Band Director Person making contact: Tyler Cook
Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: High School
Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted:
911 would be it.

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

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

Tyler Cook
Signature of Faculty Sponsor

1/2/24
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

[Signature]

Review/Revised: 9/18/2023
1/5/24

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 ACSHS FACULTY MEMBER(S) SPONSORING TRIP Chelly Taylor Stamps

TYPE OF TRIP (CHECK ONE):

[] Classroom Field Trip [] Class Trip (i.e., junior, senior), specify

[x] Organization/Club Trip, specify SGA [] Other (athletic, band, if applicable)

DESTINATION Crowne Plaza Hotel ADDRESS Louisville, Ky PHONE

[] Out of State [x] Out of County [] Within County

[x] Overnight; give name, address, phone of lodging

DATE(S) OF TRIP March 3-5, 2024 DEPARTURE TIME 8:00am RETURN TIME 3:30pm

PURPOSE/EDUCATIONAL VALUE Kentucky United Nations Assembly Mock Government through the KY YMCA

SOURCE OF FUNDING FOR TRIP SGA

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: [x] SPONSORING ORGANIZATION [] SCHOOL COUNCIL [] BOARD [] OTHER, SPECIFY SGA

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 2 OTHER CHAPERONES TOTAL # OF PARTICIPANTS 22

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? [] NO [x] YES, SEE PROCEDURE 09.36 AP.212. Todd Stamps-driver (SGA sponsor) [] 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? [x] Yes [] No

Person contacted at venue to discuss EAP: Amanda Pile Chism Person making contact: Chelly Taylor Stamps

Is there an Automated External Defibrillator (AED) on site: [x] Yes [] No If yes, where: With Y Staff & at front Desk

Does the venue have an Emergency Response Team: [x] Yes [] No If yes, how are they contacted:

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

Todd Stamps Chelly Stamps

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

Signature of Faculty Sponsor Chelly Taylor Stamps Date 1-3-24

Trip has been [x] approved [] disapproved. Reason for disapproval Signature of Superintendent/Designee Date 1-4-24

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

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SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Holiday World ADDRESS 452 E. Christmas Bl PHONE _____

- Out of State Out of County Within County Santa Claus, IN.
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 5/16/2024 DEPARTURE TIME 10:00 am RETURN TIME 6:00 pm

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

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 ≈ 150 FACULTY SPONSORS ≈ 10 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 150

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: _____ Person making 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 If yes, how are they contacted: _____

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

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

Signature of Faculty Sponsor

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