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

SUBMIT THIS FORM	□ ONE WEEK	□ TWO WEEKS	☐ OTHER, SPECIFY	PRIOR TO THE TRI	P.
school ACPC	FACUL	TY MEMBER(S) SPO	ONSORING TRIP DI	the control of the co	
TYPE OF TRIP (CHECK ONE	E):				•
Classroom Field Tr	ip 🛘 Class Tri _l	o (i.e., junior, sei			
☐ Organization/Club	Trip, specify_	· · · · · · · · · · · · · · · · · · ·		thletic, band, if applicable)
DESTINATION NOSHVING	200 AT	DRESS 3777 NO	RURUING PHHONE 1	<u>U15 83</u> 3-1534	
Out of State C			nty		
☐ Overnight; give nar	ne, address, pn	one or loaging_			War and the same of the same o
DATE(S) OF TRIP 04 09	24 DEP	ARTURE TIME 8	:16 RETURN	TIME	
PURPOSE/EDUCATIONAL V					
		J			
SOURCE OF FUNDING FOR					
Attach a description	of estimate	d expenses in	cluding, but not	t limited to, lodging,	meals,
registration, and all otl	ner anticipated	d travel expense	es.		
			IP BECAUSE OF AN INA		
BILL TRIP EXPENSES TO	: D SPONSORIN	IG ORGANIZATIO	N D SCHOOL COUN	CIL D BOARD D OTHER,	SPECIFY
NUMBER OF: STUDENTS TOTAL # OF PART	FACULTY	sponsors _\	OTHER CHAPERON	TES _ 3	
MODE OF TRANSPORTATIO	ON SPORTATION NI COMMON CARR	IER; SPECIFY	YES, SEE PROCED	URE 09.36 AP.212.	
SUPERVISION (ATTACH L	IST OF NAMES	OF ADULTS ACCO	MPANYING STUDENTS	S ON TRIP.)	
Have all chaperones principal/designee to s				and been designated	by the
· -	-			Ton Diana	
reison contacted at venue	to discuss EAP:	VOLIVIA OMBILI	Y Person makin	g contact: <u>TON Dism</u>	<u> </u>
Does the venue have	an Emergency	Response Tean	n: \square Yes \square No	where: By tebras, farm and multi- If yes, how are they co	<u>'s , (w flow</u> s location) ontacted:
<u> </u>	11 m t m t				
School Employee(s) Attend JONI DISMON	ding Trip (Please	e note beside name			
SOLOW Multiple	Na!	<u> </u>	Kobby Cal	VERT	and the second second
VICUE CONTEX	744	 .			
V100.10 002.10		-			
(Please use separate she	et and attach to th	is form if more space	e is needed to list school	el employees attending).	
bour War	NIGUT)			02/14/2024	
Signature	of Faculty Spons	sor	· _·	Date	*************************************
Trip has been □ approved	☐ disapproved. R	eason for disapprov	al		
	4				
Signature of Super	intendent/Designe	ee .		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



Nashville Zoo 3777 Nolensville Pike Nashville, TN 37211 (615) 833-1534

Invoice

nvoice #: 2281
Visit Date: April 9th , 2024
Payment Deadline: April 2nd, 2024
Time of Arrival: 9:45 am
Outsides IC 2nd

BILL YO

Joni Dismon

Allen County Primary Center

SHIP TO

Joni Dismon Allen County Primary Center

DESCRIPTION	QTY	UNIT PRICE	TOTAL
Student Tickets (20 students Minimum)	20	5.00	100.00
Free Chaparones (One adult free per 10 paid students)	2	0.00	0.00
Extra Adults	4	16.00	64.00
Animeal Lunches (Hot Dog, Ham/ Turkey Sandwich)	0	11.00	0.00
Attraction Tickets	0	1.50	0.00
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Please make sure your bus count/ type is accurate Bus Count: 1 Type: Standard SPED School Bus(es)	Annual Control of the		
Remarks/Instructions:	SUBTOTAL	0.00	
- Please list here the break down of your lunches (if p Ham, Turkey, Hot Dogs : Time of pick up:	TAX RATE	0.00%	
- Payment must be received no later than a week in advance to your school's requested date: Yuesday, Ap	TAX TOTAL	0.00	
Bookkeeper: Kadie Weisbrodt	TOTAL	\$164.00	
Email: kadie.weisbrodt@allen.kyschools.us			

Please remit payment to Nashville Zoo

THANK YOU

For questions concerning this invoice, please contact Kendra Lankford, (615) 833-1534 ext. 165, klankford@nashvillezoo.org www.nashvillezoo.org/school-group-trips

ACCREDITED BY THE ASSOCIATION OF ZOOS OF AQUARIUMS OF