

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 O. Farris, K. Humphrey

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Galt House ADDRESS 140 N Fourth St PHONE 502 589 6200

- Out of State Out of County Within County Louisville
- Overnight; give name, address, phone of lodging Galt House 140 N. Fourth Street, Louisville Ky

DATE(S) OF TRIP March 26-29 DEPARTURE TIME 9:00 am RETURN TIME 3:00 pm

PURPOSE/EDUCATIONAL VALUE Students are competing for STAREVENTS
Students Taking Action for Recognition

SOURCE OF FUNDING FOR TRIP FCCIA fundraisers

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 16 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 18

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: 502 568 5502 - Principal must call Person making contact: Katrina Humphrey

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: All main areas

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

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

Olivia Farris
Katrina Humphrey

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

[Signature]
Signature of Faculty Sponsor 2/15/24
Date

Trip has been approved disapproved. Reason for disapproval _____
[Signature]
Signature of Superintendent/Designee 2/20/24
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

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 ACSHS FACULTY MEMBER(S) SPONSORING TRIP 3

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Macon County ADDRESS 255 Days Rd PHONE 615-666-4320

- [X] Out of State [X] Out of County [] Within County Lafayette TN [] Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 4/18 DEPARTURE TIME 3:45 RETURN TIME 10:00

PURPOSE/EDUCATIONAL VALUE Baseball

SOURCE OF FUNDING FOR TRIP School Baseball Account

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 [X] OTHER, SPECIFY (Baseball)

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 3 OTHER CHAPERONES TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? [] NO [X] 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? [X] Yes [] No

Person contacted at venue to discuss EAP: Athletic Director Person making contact: B. Bray / C. Cook

Is there an Automated External Defibrillator (AED) on site: [X] Yes [] No If yes, where: Concession Stand / Prss. Box

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

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

Brantly Bray Kasey Johnston Barrett Wright

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

Signature of Faculty Sponsor

2/3/24 Date

Trip has been [X] approved [] disapproved. Reason for disapproval

Signature of Superintendent/Designee

2/7/24 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

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 ACSHS FACULTY MEMBER(S) SPONSORING TRIP 3

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Westmoreland HS ADDRESS 4310 Hawkins Dr PHONE (615) 644-2290

- [X] Out of State [] Within County [] Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 3/25/24 DEPARTURE TIME 4:00 RETURN TIME 9:00

PURPOSE/EDUCATIONAL VALUE Baseball

SOURCE OF FUNDING FOR TRIP School Baseball Account

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 [X] OTHER, SPECIFY (Baseball)

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 3 OTHER CHAPERONES TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? [] NO [X] 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? [X] Yes [] No

Person contacted at venue to discuss EAP: Athletic Director Person making contact: B. Bray / C. Cook

Is there an Automated External Defibrillator (AED) on site: [X] Yes [] No If yes, where: Concession Stand / Prss Box

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

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

Brantly Bray Kasey Johnston Barrett Wright

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

Signature of Faculty Sponsor

2/3/24 Date

Trip has been [X] approved [] disapproved. Reason for disapproval

Signature of Superintendent/Designee

2/7/24 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 ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL ACCTC FACULTY MEMBER(S) SPONSORING TRIP M. Trabonne

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Anaheim, CA ADDRESS _____ PHONE _____

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

DATE(S) OF TRIP 4/26/2024-5/1/24 DEPARTURE TIME 5:00 am RETURN TIME 8:00 pm

PURPOSE/EDUCATIONAL VALUE for students to compete at the International level

SOURCE OF FUNDING FOR TRIP DECA

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 5 FACULTY SPONSORS _____ OTHER CHAPERONES 2
TOTAL # OF PARTICIPANTS 7

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY airlines
- 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).

M. Trabonne
Signature of Faculty Sponsor

2/12/24
Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

2/12/24
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

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 ACSHS FACULTY MEMBER(S) SPONSORING TRIP Diane Towe

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 French Lick, IN ADDRESS 8670 West St Rd 56 PHONE 888-936-9360

- Out of State Out of County Within County

Overnight; give name, address, phone of lodging Big Splash Adventure
8505 West State Rd 56, French Lick, IN 47432 (812) 936-3866

DATE(S) OF TRIP March 15-17 DEPARTURE TIME 15th 4:30 RETURN TIME 17th 7:00pm

PURPOSE/EDUCATIONAL VALUE 2024 Cheer Competitions

SOURCE OF FUNDING FOR TRIP Bus-activity fund / lodging-booster club

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 23 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 24

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: Jasmine Richardson 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):

Diane Towe CPR
Shannon Carter CPR

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

Diane Towe
Signature of Faculty Sponsor _____ 3/2/24
Date

Trip has been approved disapproved. Reason for disapproval _____
[Signature]
Signature of Superintendent/Designee _____ 3/5/24
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

23-24 ACSHS CHEERLEADERS

Seniors

1. Lara Clark
2. Mattea Cromer
3. Claire Robison

Juniors

4. Natalee Binion
5. Kelsey Herrington
6. Alura Keith
7. Emma Monroe
8. Ellie Pearson
9. Kadence Strain
10. Kloie Widenhouse

Sophomores

11. Alisha Burgess
12. Vanessa Hall
13. Danica Harmon
14. Kloie Johnson
15. Lauren Tabbert
16. Makenna Talbott

Freshmen

17. Charlize Drolet
18. Madison Gaddis
19. Riley Howard
20. Autumn Keith
21. Hadley Taylor
22. Lilee Temple

AC-SHS CHEERLEADERS

Lodging March 15-17, 2024

Big Splash Adventure
8505 West State Road 56
French Lick, IN 47432
1(812)936-3866

6 Rooms for cheerleaders, 1 room for coaches, & 1 room for the bus driver
Total of 8 rooms

Lodging is \$775.92/room which includes breakfast, indoor water park tickets
(covered by the cheer booster club & parents)

Competition Fees March 16 & 17

Registration fees are \$45/athlete (covered by the cheer booster club)

Meals will be covered by parents.

Agenda

Depart ACSHS Friday, March 15th at 4:30pm. Arrive at hotel around 7:30pm
& check-in.

Leave for competition Saturday morning 7:00am. Return to hotel following
competition. Remain at the hotel in the indoor water park/lazy river the
remainder of the night. Sunday morning check out and leave for the
competition at 8:00am. Remain until the conclusion of the competition.
Return back to ACSHS around 7:00pm.

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 ACCTC FACULTY MEMBER(S) SPONSORING TRIP Monica Bean (FBLA)

TYPE OF TRIP (CHECK ONE):

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

DESTINATION The Galt House ADDRESS 140 N 4th St PHONE _____

- Out of State Out of County Within County Louisville, KY

Overnight; give name, address, phone of lodging The Galt House
140 N 4th St, Louisville, KY 40202

DATE(S) OF TRIP 4/8 - 4/10, 2024 DEPARTURE TIME 4/8 8:00AM RETURN TIME 4/10 2:00PM

PURPOSE/EDUCATIONAL VALUE State FBLA Conference + Competition
Leadership Development

SOURCE OF FUNDING FOR TRIP FBLA

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 2 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 3

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212. *(only 3 of us so school vehicle requested if possible)*
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Monica Bean

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: Marcos Lazo Person making contact: Monica Bean

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: 2nd fl East tower
2nd fl West tower

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted:
via radio less than 20 seconds response time

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

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

Monica Bean
Signature of Faculty Sponsor

3/5/24
Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

3/5/24
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 & Event Specific Emergency Action Plan (EAP)

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

SCHOOL ACCTC FACULTY MEMBER(S) SPONSORING TRIP Todd Stamps

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Crown Plaza ADDRESS Louisville, KY PHONE _____

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

DATE(S) OF TRIP 4-17 thru 4-20 DEPARTURE TIME 7:00 A.M. RETURN TIME 5:00 P.M.

PURPOSE/EDUCATIONAL VALUE Students to compete at state competition.

SOURCE OF FUNDING FOR TRIP Skills USA

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 ACCTC Skills USA

NUMBER OF: STUDENTS 3 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 4

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212. Going to drive the explorer.
- 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: Amanda P. LeChism Person making contact: Todd Stamps

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: w/ staff @ front desk

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

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

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

[Signature]
Signature of Faculty Sponsor

3-4-24
Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

3/6/24
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 & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY 5 MARCH PRIOR TO THE TRIP.

SCHOOL ACS High School FACULTY MEMBER(S) SPONSORING TRIP LTC Scott Walker Trip 29-2 June
MAY

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Wendell H. Ford ADDRESS ST-1000-10 PHONE 502-607-7381

- Out of State
- Out of County
- Within County Greenville, KY LTC Walker call

Overnight; give name, address, phone of lodging SAME AS ABOVE
502-607-7381 or 7382 (270)237-0681

DATE(S) OF TRIP 29 May-2 June DEPARTURE TIME 12 PM RETURN TIME 1 PM - 2 June

PURPOSE/EDUCATIONAL VALUE 29 MAY
4 Day Summer Camp (JCLC) Junior cadet Leadership Camp

SOURCE OF FUNDING FOR TRIP JROTC - Government Funded

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 10 FACULTY SPONSORS 1 OTHER CHAPERONES N/A
TOTAL # OF PARTICIPANTS 11 TOTAL

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: CW3 Keith Murphy Person making contact: LTC Scott Walker

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: Radio & Phone

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

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

Doug L. W. McKinney
Signature of Faculty Sponsor

Date

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> Signature of Superintendent/Designee	3 5 24 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

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 ACSHS FACULTY MEMBER(S) SPONSORING TRIP H. Adams

TYPE OF TRIP (CHECK ONE):
 Classroom Field Trip Class Trip (i.e., junior, senior), specify Art Club
 Organization/Club Trip, specify Art Dept Other (athletic, band, if applicable)
 DESTINATION Frist Art Museum ADDRESS 919 Broadway PHONE 615-244-3340 Nashville, TN
 Out of State Out of County Within County
 Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4/19/24 DEPARTURE TIME 8:00 AM RETURN TIME 2:35 pm
 PURPOSE/EDUCATIONAL VALUE To understand the purpose and process of art making by artists.
 SOURCE OF FUNDING FOR TRIP Art Dept / Art Club

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 Art Dept + Art Club

NUMBER OF: STUDENTS 60 FACULTY SPONSORS 6 OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS 66

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: KG Walty Person making contact: H. Adams
 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):
Hope Adams _____ J. Higdon _____
Caley Baskett _____ N. Parrish _____
R. Humphrey _____
O. Farris _____

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

Hope Adams _____ 3/6/2024 _____
 Signature of Faculty Sponsor Date

Trip has been approved disapproved. Reason for disapproval _____
 _____ 3/6/24 _____
 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