

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 Allen County Primary Center FACULTY MEMBER(S) SPONSORING TRIP Valynn Smith

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Frist Center for Visual Arts ADDRESS 919 Broadway, Nashville, TN PHONE (615) 244-3340

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

DATE(S) OF TRIP 04/15/24 DEPARTURE TIME 8:20 RETURN TIME 2:00

PURPOSE/EDUCATIONAL VALUE Valuable opportunity for students to see professional master's art work, experience a museum, and create artwork through ArtQuest.

SOURCE OF FUNDING FOR TRIP Art Club Funds.

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

NUMBER OF STUDENTS 20 FACULTY SPONSORS 1 OTHER CHAPERONES 1
TOTAL # OF PARTICIPANTS 22

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: Veronica Sela Cruz Person making contact: Valynn Smith

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):

Valynn Smith

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

Signature of Faculty Sponsor

3/5/24 Date

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

Signature of Superintendent/Designee

03/05/24 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