

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

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____	PRIOR TO THE TRIP.
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SCHOOL ACSH 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 Band ☒ Other (athletic, band, if applicable) _____
- DESTINATION MTSU ADDRESS 1301 E. main St. PHONE 615-098-2300
- ☒ Out of State ☐ Out of County ☐ Within County Murfreesboro, TN 37132
- ☐ Overnight; give name, address; phone of lodging _____

DATE(S) OF TRIP 7/26/24 DEPARTURE TIME 1:00pm RETURN TIME 11pm

PURPOSE/EDUCATIONAL VALUE DCI Show

SOURCE OF FUNDING FOR TRIP Band Boosters

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 Boosters

NUMBER OF STUDENTS 90 FACULTY SPONSORS 2 OTHER CHAPERONES 2

TOTAL # OF PARTICIPANTS 94

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.21.2.
- ☐ 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: Boniface Amuzel Person making contact: Tyler Cook

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: 911

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

Tyler Cook _____

Josh Pace _____

Miranda Cook _____

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

Tyler Cook _____ 5/13/24

Signature of Faculty Sponsor Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

[Signature] _____ 5/15/24

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

Review/Revised: 9/18/2023

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

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SCHOOL JCSHS FACULTY MEMBER(S) SPONSORING TRIP Chelly Taylor-Stamps/Todd Stamps

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Crowne Plaza ADDRESS Louisville, Ky. PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging Crowne Plaza Hotel, Louisville, Ky

DATE(S) OF TRIP Nov 24-26, 2024 DEPARTURE TIME 8:00am RETURN TIME 3:30pm

PURPOSE/EDUCATIONAL VALUE Kentucky Youth Assembly - Mark Student government

SOURCE OF FUNDING FOR TRIP SGA account / Student Fees

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 15 FACULTY SPONSORS 2 OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS 17

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212. Todd Stamps, driver
☐ 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: Jim Reckert Person making contact: Chelly Taylor Stamps

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: Y Desk @ conference / 911

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

Todd Stamps - CPR trained

Chelly Taylor Stamps

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

Chelly Taylor Stamps
 Signature of Faculty Sponsor

5-22-24
 Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

 Signature of Superintendent/Designee 5/24/24
 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

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 Todd Stamps

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Atlanta, GA ADDRESS _____ PHONE _____

- ☒ Out of State ☐ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging ~~Atlanta~~ Courtyard by Marriott133 Carnegie Way, Atlanta, GA 30303DATE(S) OF TRIP 6/24-6/28 DEPARTURE TIME 8:00am RETURN TIME 10:00pmPURPOSE/EDUCATIONAL VALUE National SkillsUSA CompetitionSOURCE OF FUNDING FOR TRIP SkillsUSA account & Automotive

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 1 FACULTY SPONSORS 1 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 2

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212. Reserve SUV
☐ 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: Kimberly Woodall Person making contact: Todd StampsIs there an Automated External Defibrillator (AED) on site? ☒ Yes ☐ No If yes, where: various throughout the buildingDoes 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):

Todd Stamps - CPR trained

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

Todd Stamps
 Signature of Faculty Sponsor

5-21-24

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

[Signature]
 Signature of Superintendent/Designee

5/24/24

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

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 _____

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify☐ Organization/Club Trip, specify☒ Other (athletic, band, if applicable) Girls SoccerDESTINATION Asbury University ADDRESS Wilmore, KY PHONE 859-858-3511 ext. 2486☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging July 10-13, Girls & Coach Clay 3 nightDATE(S) OF TRIP July 10-13 DEPARTURE TIME 8:30am RETURN TIME _____PURPOSE/EDUCATIONAL VALUE High School Soccer TEAM CAMP

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 _____ FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS _____

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

Review/Revised:9/18/2023

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☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY

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 _____☒ Organization/Club Trip, specify State Beta ☐ Other (athletic, band, if applicable) _____

DESTINATION _____ ADDRESS _____ PHONE _____

☐ Out of State ☒ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodging TBA (Usually Hyatt - Downtown)DATE(S) OF TRIP TBA JAN 2025 DEPARTURE TIME 8:00 AM RETURN TIME 3 Days LaterPURPOSE/EDUCATIONAL VALUE Competitions - AcademicSOURCE OF FUNDING FOR TRIP Fundraising / Parents

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 40 FACULTY SPONSORS 4 OTHER CHAPERONES 40TOTAL # OF PARTICIPANTS 98

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 ☐ NoPerson contacted at venue to discuss EAP: TBA 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):

Debra Rigby
Shelley Cook
Chellu Stamps
Todd Stamps

(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

Review/Revised: 9/18/2023