

University

SchoolRelated 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 AELAS FACULTY MEMBER(S) SPONSORING TRIP Garcia

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 Westmoreland ADDRESS 4300 Hawkins PHONE 644-2280

- ☐ Out of State ☐ Out of County ☐ Within County PA

☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 1/7 DEPARTURE TIME 4:30 RETURN TIME 8:30PURPOSE/EDUCATIONAL VALUE BasketballSOURCE OF FUNDING FOR TRIP Basketball

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 18 FACULTY SPONSORS 4 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 22

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: AD Person making contact: GarciaIs 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):

Garcia

Cela Davis

(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

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 Adam Crabtree

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify☒ Organization/Club Trip, specify Academic Team ☐ Other (athletic, band, if applicable)DESTINATION Gallatin High School ADDRESS Gallatin, TN PHONE☒ Out of State ☐ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodgingDATE(S) OF TRIP 2-1-25 DEPARTURE TIME 6:45 AM RETURN TIME 5:00 PMPURPOSE/EDUCATIONAL VALUE NAQT TournamentSOURCE OF FUNDING FOR TRIP Gifted & Talented

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 Gifted & TalentedNUMBER OF: STUDENTS 15 FACULTY SPONSORS 1 OTHER CHAPERONESTOTAL # OF PARTICIPANTS 16

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)

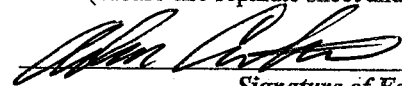
SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

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: Brian Hoover Person making contact: Adam CrabtreeIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: See attachedDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: see attached

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

Adam Crabtree

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



Signature of Faculty Sponsor

11-20-24

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee

11/24/24

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

Trip Itinerary
Academic Team
February 1, 2025

Destination: Gallatin High School in Gallatin, TN

Depart from ACSHS by the front office @ approximately 7 AM

Arrive at Gallatin High School by 8:15 AM.

We will leave for lunch after the morning rounds. We will go eat somewhere nearby.

Depart from Gallatin High School by approximately 4 PM (at the latest).

Arrive back at ACSHS by approximately 5:30 PM at the latest (may arrive earlier)

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PRIOR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Jeremy Byrn

TYPE OF TRIP (CHECK ONE):

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

DESTINATION John Overton High School ADDRESS 4820 Franklin Road, Nashville PHONE _____

☒ Out of State ☒ Out of County ☐ Within County

☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP JAN 25, 2025 DEPARTURE TIME EARLY RETURN TIME LATE ← TSDPURPOSE/EDUCATIONAL VALUE Science Olympiad InvitationalSOURCE OF FUNDING FOR TRIP per Jeremy Byrn - M-Biggestaff Will Code

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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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: Sharon Young Person making contact: Jeremy ByrnIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: MAIN OFFICEDoes 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):

Jeremy Byrn (YES)

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

Signature of Faculty Sponsor

Date

12/2/24Trip 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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SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP O. Farris

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Nossi College ADDRESS 590 Creative Way PHONE 615 514 2787

- ☒ Out of State ☐ Out of County ☐ Within County Madison, TN 37115

☐ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP 12-10-24 DEPARTURE TIME _____ RETURN TIME _____PURPOSE/EDUCATIONAL VALUE Culinary Arts Students will get to tour the Nossi College, of art + design. They have a new Culinary Arts programSOURCE OF FUNDING FOR TRIP CTE

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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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 ☐ NoPerson contacted at venue to discuss EAP: Admissions office Person making contact: O. FarrisIs 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

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