

STUDENTS

09.36 AP.21

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

SCHOOL : NTES FACULTY MEMBER(S) SPONSORING TRIP KAITLYN DAWSON

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: 2nd Grade/PTO/Field Trip Funds/Students

DESTINATION: NASHVILLE ZOO ADDRESS: 3777 NOLENSVILLE PK. NASHVILLE, TN 37211

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

DATE(S) OF TRIP: MARCH 26, 2025 DEPARTURE TIME: 8:15 AM RETURN TIME: 2:45 PM

SOURCE OF FUNDING FOR TRIP PTO/FIELD TRIP FUNDS/STUDENTS

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS: 68 FACULTY SPONSORS: 10 TOTAL # OF PARTICIPANTS: 78

EAP: Person contacted at venue to discuss EAP: Kendra Bormann Person making contact: Kaitlyn Dawson

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: multiple throughout the park

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: park employee to use a radio system

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

<u>Kaitlyn Dawson</u>	<u>Cindy Williams</u>	<u>Jessica Hill</u>
<u>Emily Daugherty</u>	<u>Sierra Smith</u>	<u>Laurie Case</u>
<u>Serena Hendrick</u>	<u>Karen Ballard</u>	<u>Kristin Dent</u>
<u>Kristina Soares</u>	<u>Beth Craig</u>	

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

Kaitlyn Dawson
Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Date 1-24-25

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments: _____

Coach or School Representative Signature _____ Date _____

09.36 AP.21

SCHOOL : FACULTY MEMBER(S) SPONSORING TRIP BRETT CARVER, JESSICA, LEAR, KAITLYN MORRIS

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION: KY DOWN UNDER ADDRESS: 3700 L&N TURNPIKE ROAD
Horse Cave, KY 42749

Overnight: give name, address, phone of lodging: _____

DATE(S) OF TRIP: 3/26/25 DEPARTURE TIME: 8:15 RETURN TIME: 2:30

SOURCE OF FUNDING FOR TRIP _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS: 53 FACULTY SPONSORS: 3 TOTAL # OF PARTICIPANTS: 57

EAP: Person contacted at venue to discuss EAP: Ann Fletcher Person making contact: Brett Carver

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):

Brett Carver

Kaitlyn Morris

Jessica Lear

Darby Walters

Trish Knepper

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

Signature of Faculty Sponsor

Approval of Site Based Council Representative

District Use Only

Approval of District Representative _____ Date _____

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____