

STUDENTS

09.36 AP.21

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

SCHOOL STES FACULTY MEMBER(S) SPONSORING TRIP S. Gammon

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:
2nd grade

DESTINATION Customs House ADDRESS Clarksville, TN

Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/12/25 DEPARTURE TIME 8:30 RETURN TIME 1:00

SOURCE OF FUNDING FOR TRIP SPDM

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

NUMBER OF STUDENTS 57 FACULTY SPONSORS 2nd gr TOTAL # OF PARTICIPANTS 63

EAP: Person contacted at venue to discuss EAP: Stephanie Stafford Person making contact:
Shelly Gammon

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):

Lindsey Sisco nurse?/
Sarah Ballard Lindsay Quarles
Shelly Gammon

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

Shelly Gammon 11/21/25
Signature of Faculty Sponsor *Date*

Approval of Site Based Council Representative Jennifer Boyd Date 1-27-25

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 _____