2 Busses Needed Chuck and Joey to drive

STUDENTS	09.36 AP.21
School-Related Student Trip Request Form & F	
	EMBER(S) SPONSORING TRIP J. JONES
TYPE OF TRIP (CHECK ONE).	Committee of the commit
Organization requesting the Trip / Organization response	nsible for Payment: 38 And Planetanum 4512 The Trave, Diver, TV
DESTINATION IN HOME PLACE LBL ADDRES	is and Planetanium 4512 Tho Trave Dover, Th
Overnight; give name, address, phone of lodging	
DATE(S) OF TRIP 2 20 25 DEPARTU	20
SOURCE OF FUNDING FOR TRIP	RETURN TIME 2:30
NO STUDENT SHALL BE DENIED THE TRI	
NUMBER OF: STUDENTS 63 FACULTY SPONSOR	BECAUSE OF AN INABILITY TO PAY.
EAP: Person contacted atvenue to discuss EAP: Is there an Automated External Desibertation (ABD) and its Tolerand Position (ABD) and its Tolerand (ABD) and its T	IOTAL# OF PARTICIPANTS WY
Is there an Automated External Defibrillator (AED) on site:	Ves C No If we with a second act:
Does the venue have an Emergency Response Team: Yes [The If yes, where:
School Employee(s) Attending Trip (Please note beside name	if employee in CDD to in a 40.
G = I (mon some and any and any and any and any any and any any and any any any and any	a employee is Cr R trained);
The Ball of the Control of the Contr	
(Please use separate sheet and attach to this form if more space	is needed to list school employees attending).
Signature of Faculty Sponsor	Date
Approval of Site Based Council Representative	Date

District Use	Only
Section 2	•
Approval of District Representative	Date
	Subsequent and the subsequent an
DRIVER: TURN THIS FORM	IN WITH TIMESTEETS
Section 3	IN WITH HURSHELIS
Date/Time Departure:	Odometer Start
Date/Time Return:	Odometer End
The second secon	THE PROPERTY OF THE PROPERTY O
hereby certify that the above information is correct to	the best of my knowledge.
Driver Comments:	Data
Miver Commetts.	Date
Coach or School Representative Signature	Date

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

SCHOOL: North Todd Elementary School FACULTY MEMBER(S) SPONSORING T	TRIP FIRST GRADE		
TYPE OF TRIP (CHECK ONE):			
Organization requesting the Trip / Organization responsible for Payment: NTES			
DESTINATION: <u>ADVENTURE SCIENCE CENTER</u> ADDRESS: {	800 FORT NEGLEY BLVD		
NASHVILLE			
Overnight; give name, address, phone of lodging:			
DATE(S) OF TRIP: THURSDAY APRIL 10, 2025 DEPARTURE TIME: 8:00	RETURN TIME: 2:30		
SOURCE OF FUNDING FOR TRIP PTO			
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO	PAV		
NUMBER OF: STUDENTS: 63 FACULTY SPONSORS: 6 TOTAL # OF PARTICIPAN			
EAP: Person contacted at venue to discuss EAP:Person making contact:			
Is there an Automated External Defibrillator (AED) on site: X No If yes, where:			
Does the venue have an Emergency Response Team: X No If yes, how are they contacted:			
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):			
Mishawn Greenfield Amanda Gant. Jerilyn Henderson Sarah Stuard CPR Brandi Paddy Sierra Smith			
Please use separate spect and attach to this form if more space is needed to list school employees Signature of Faculty Sponsor Approval of Site Based Council Representative	12025		
Section 2 District Use Only			
Approval of District Representative	Date		
	Date		
DRIVED WITH WAY TO BE A TO BE	四氢硫酸铝镁灰硫酸酯 医脂类状状腺		
DRIVER: TURN THIS FORM IN WITH TIMESHEETS	3		
Date/Time Departure: Odometer Start:			
Odometer End:	The second secon		
I hereby certify that the above information is correct to the best of my knowledge.	,		
Driver Signature	Data		
Driver Comments:	Date		
Coach or School Representative Signature	_ Date		
	weeks remarks the second secon		

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

SCHOOL: North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP PATRICIA KNEPPER AND KAREN BALLARD TYPE OF TRIP (CHECK ONE): Organization requesting the Trip / Organization responsible for Payment: SPED team/ PTO/ field trip. DESTINATION: WE ROCK THE SPECTRUMADDRESS: 549 NEPTUNE DR SUITES E-H, CLARKSVILLE, TN Overnight; give name, address, phone of lodging: DATE(S) OF TRIP: 4/15/2025 DEPARTURE TIME: 8:30 AM RETURN TIME: 12:30 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: 10 FACULTY SPONSORS: 9 TOTAL # OF PARTICIPANTS: 19 EAP: Person contacted at venue to discuss EAP: Tina Brown Person making contact: Patricia Knepper Is there an Automated External Defibrillator (AED) on site: Yes X No If yes, where: Does the venue have an Emergency Response Team:X Yes No If yes, how are they contacted: (931) 266-School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Kristina Sores Kristin Dent Patricia Knepper Jessica Moody Karen Ballard(CPR) Beth Craig (CPR) Please use separate sheet and attach to this form if more space is needed to list school employees attending). I mera 11/1 Signature of Faculty Sponsor Approval of Site Based Council Representative **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

Additional attendees: Serena Heddrick Laurie Case

School-Related Student Trip Request Form & Event Spe	ecific Emergency Action Plan (EAP)
SCHOOL: North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP. J. TOME
TYPE OF TRIP (CHECK ONE):	
Organization requesting the Trip / Organization responsible for I	Payment:
DESTINATION: TOM S ADDRESS:	
Overnight; give name, address, phone of lodging:	
DATE(S) OF TRIP SEPARTURE TIME: 12:30 RETURN TI	ME: 2:30
SOURCE OF FUNDING FOR TRIP	
NO STUDENT SHALL BE DENIED THE TRIP BECAUSE	OF AN INABILITY TO PAY.
NUMBER OF: STUDENTS: 43 FACULTY SPONSORS: 4 TOTAL # 0	F PARTICIPANTS: 67
EAP: Person contacted at venue to discuss EAP:Perso	on making contact:
Is there an Automated External Defibrillator (AED) on site: Yes =X N	lf yes, where:
Does the venue have an Emergency Response Team: Yes X No If yes	
School Employee(s) Attending Trip (Please note beside name if employee	
- 1- Bus Jones	to drive
(Please use separate sheet and attick to this form if more space is needed to Signature of Faculty Sponsor	list school employees attending).
Signature of Faculty Sponsor	Date
Approval of Site Based Council Representative	Date
District Use Only	
Section 2	
Approval of District Representative	Date

DRIVER: TURN THIS FORM IN WITH Section 3	H TIMESHEETS
Date/Time Departure:	Odometer Start:
Date/Time Return:	
I hereby certify that the above information is correct to the best of n	ny knowledge.
Driver Signature	Date
Driver Comments:	= 1
Coach or School Representative Signature	Date