

2 Busses Needed
Chuck and Joey to drive

STUDENTS

09.36 AP.21

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

SCHOOL NTCS

FACULTY MEMBER(S) SPONSORING TRIP J. Jones

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION The Homeplace LBL ADDRESS and Planetarium 4512 The Trace, Dover, TN

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 3/26/25

DEPARTURE TIME 8:30

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 63

FACULTY SPONSORS 5

TOTAL # OF PARTICIPANTS 69

EAP: 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

Approval of Site Based Council Representative

Date

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

STUDENTS

09.36 AP.21

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

SCHOOL : North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP FIRST GRADE

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: NTES

DESTINATION: ADVENTURE SCIENCE CENTER 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 PAY.

NUMBER OF: STUDENTS: 63 FACULTY SPONSORS: 6 TOTAL # OF PARTICIPANTS: 70

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 sheet and attach to this form if more space is needed to list school employees attending).
Mishawn Greenfield 2/14/2025
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative Jessica Leon Date 2/18/25

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 _____

STUDENTS

09.36 AP.21

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 SPECTRUM ADDRESS: 549 NEPTUNE DR SUITES E-H, CLARKSVILLE, TN 37043

☐ 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: 2 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 ☒ No If yes, where: _____

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: (931) 266-0077

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).

Patricia Knepper
Signature of Faculty Sponsor

Date

Approval of Site Based Council Representative

Jessica Sores

Date 2/14/25

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 _____

Additional attendees:
Serena Heddrick
Laurie Case

STUDENTS

09.36 AP.21

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

SCHOOL : North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP J. Jones

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION: TCMS ADDRESS: _____

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

DATE(S) OF TRIP: 5/24/15 DEPARTURE TIME: 12:30 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: 63 FACULTY SPONSORS: 4 TOTAL # OF PARTICIPANTS: 67

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: _____

Is there an Automated External Defibrillator (AED) on site: ☐ Yes =X No If yes, where: _____

Does the venue have an Emergency Response Team: ☐ Yes X No If yes, how are they contacted: _____

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

_____ 1 - Bus Jones to drive

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

Janet Brey
Signature of Faculty Sponsor

5/25/15
Date

Approval of Site Based Council Representative _____ Date _____

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 _____