

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

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY 1 month PRIOR TO THE TRIP.

SCHOOL ACPC FACULTY MEMBER(S) SPONSORING TRIP J. Carter, L. Whitcher, A. Jarvis,

TYPE OF TRIP (CHECK ONE): S. Branham, J. Beaver

Classroom Field Trip Class Trip (i.e., junior, senior), specify B Pod 3rd Grade
 Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION Adventure Science Center ADDRESS 800 Ft Negley Blvd, Nashville TN 37203 PHONE 615-862-5160

Out of State Out of County Within County Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP May 15, 2025 DEPARTURE TIME 8:00am RETURN TIME 1pm

PURPOSE/EDUCATIONAL VALUE Students have spent time during reading block learning about space. This will give students hands on and up close experiences with space.

SOURCE OF FUNDING FOR TRIP _____

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 010.1.118. Intra-mileage

NUMBER OF: STUDENTS 1205 FACULTY SPONSORS 6 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 126131

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: guest services Person making contact: Jamie Beaver

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: main lobby

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):

Josette Carter _____ Jaime Beaver _____
Lisa Whitcher _____ Shayna Branham _____
Ashlee Jarvis _____ Cierra Baize _____

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

Ashlee Jarvis
Signature of Faculty Sponsor

3/10/25
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