

STUDENTS

09.36 AP.21

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

SCHOOL TCCHS FACULTY MEMBER(S) SPONSORING TRIP Project Grad

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment:

DESTINATION City Forum ADDRESS Clarksville TN

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

DATE(S) OF TRIP 5-16-25 DEPARTURE TIME 10pm RETURN TIME Saturday 5-17-25

SOURCE OF FUNDING FOR TRIP Project Graduation - District Funds

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

NUMBER OF: STUDENTS 120 FACULTY SPONSORS _____ TOTAL # OF PARTICIPANTS 150

EAP: Person contacted at venue to discuss EAP: yes Person making contact: M Thomas

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):

TCCHS _____

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

M Thomas _____ 4-14-25
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative District Sponsored Trip Date _____

District Use Only

Section 2

Approval of District Representative M Thomas Date 4-14-25

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 _____