

STUDENTS

VAN

09.36 AP.21

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

SCHOOL TCHS FACULTY MEMBER(S) SPONSORING TRIP Kayla Willis

**TYPE OF TRIP (CHECK ONE):**

Organization requesting the Trip / Organization responsible for Payment: Interact Club

DESTINATION The Bruce ADDRESS 303 Conference Center Dr.

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 5/17/25 DEPARTURE TIME 8:00am RETURN TIME 2:45pm

SOURCE OF FUNDING FOR TRIP Interact Club Funds

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

NUMBER OF: STUDENTS 3 FACULTY SPONSORS 1 TOTAL # OF PARTICIPANTS 4

EAP: Person contacted at venue to discuss EAP: Gail Story Person making contact: Willis

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: Fire Dept?

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

Kayla Willis

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

Kayla Willis  
Signature of Faculty Sponsor

Approval of Site Based Council Representative \_\_\_\_\_

5/13/25  
Date

Date 5-13-25

**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 \_\_\_\_\_