

STUDENTS

09.36 AP.21

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

SUBMIT THIS FORM

☐ ONE WEEK

☐ TWO WEEKS

☐ OTHER, SPECIFY

PRIOR TO THE TRIP.

SCHOOL ACS HS FACULTY MEMBER(S) SPONSORING TRIP C. Cook

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION Portland HS ADDRESS 600 College St PHONE _____

☒ Out of State ☐ Out of County ☐ Within County Portland TN 37148

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

DATE(S) OF TRIP 7/22 + 7/23 DEPARTURE TIME 8:30 AM RETURN TIME 5:00 PM

PURPOSE/EDUCATIONAL VALUE Volleyball Camp

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 _____

NUMBER OF: STUDENTS 20 FACULTY SPONSORS 4 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 24

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: A. Director Person making contact: C. Cook

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: Trainer

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

Cameron Cook

Heather Fowler

Chloe Cook

Natalie Ewing

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

[Signature]
Signature of Faculty Sponsor

7-17-25
Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

7/18/25
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

Two Day

Pick up & return
each day.