

STUDENTS

\* Out of State \*

G. Volleyball

09.36 AP.21

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

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY	PRIOR TO THE TRIP.
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SCHOOL ACSHS 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) G. Volleyball

DESTINATION Macon County HS ADDRESS 1003 SR 52 E PHONE

☒ Out of State ☒ Out of County ☐ Within County Lafayette, TN 37083

☐ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 9/18/25 DEPARTURE TIME 4:00 PM RETURN TIME 8:30 PM

PURPOSE/EDUCATIONAL VALUE Volleyball Match

SOURCE OF FUNDING FOR TRIP Volleyball

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 28 FACULTY SPONSORS 4 OTHER CHAPERONES

TOTAL # OF PARTICIPANTS 32

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: Athletic Director Person making contact: C. Cook

Is there an Automated External Defibrillator (AED) on site? ☒ Yes ☐ No If yes, where: Concession Area

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: Athletic 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 of Faculty Sponsor

2-6-25  
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee

2/18/25  
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