

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 JCBMS FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Alison Co. High ADDRESS La Fayette, TN PHONE _____

- ☐ Out of State ☐ Out of County ☐ Within County

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

DATE(S) OF TRIP 9/18/25 DEPARTURE TIME 4:15 PM RETURN TIME 8:15 PM

PURPOSE/EDUCATIONAL VALUE Soccer game

SOURCE OF FUNDING FOR TRIP Soccer

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 _____ FACULTY SPONSORS _____ OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS _____

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: _____ Person making contact: Chris Carter

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):

Jesse Morgan _____

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

Chris Carter 7-14-25
 Signature of Faculty Sponsor 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