

**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 ACPC FACULTY MEMBER(S) SPONSORING TRIP A. Stinson

## 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 Science Center ADDRESS Nashville TN PHONE \_\_\_\_\_☒ Out of State ☐ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP 10-27th AND 10-30th DEPARTURE TIME 8:00 RETURN TIME 1:45PURPOSE/EDUCATIONAL VALUE Enhance Wonders Reading Unit 3.SOURCE OF FUNDING FOR TRIP Students pay for tickets. ACPC pays for bus

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 ACPCNUMBER OF STUDENTS 250 FACULTY SPONSORS 12 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: Alex StinsonIs 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):

Alex StinsonAshlyn CarneyMonica BrewinsSusan NelsonJosee CarterSarah ShortShayna BrannhamJamie BeaverCierra BaizeMorgan White

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

Alex Stinson  
Signature of Faculty Sponsor8-25-25  
DateTrip 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