

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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY

PRIOR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Adam Crabtree

## TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify☒ Organization/Club Trip, specify Academic Team ☐ Other (athletic, band, if applicable)DESTINATION Tennessee Tech Univ ADDRESS Cookeville, TN PHONE☒ Out of State ☐ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodgingDATE(S) OF TRIP (11/6 or 11/7) AND 11/8 DEPARTURE TIME 7:00 AM RETURN TIME 5:00 PMPURPOSE/EDUCATIONAL VALUE Compete in the WCTE Academic BowlSOURCE OF FUNDING FOR TRIP Gifted + Talented

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, SPECIFYGifted + TalentedNUMBER OF: STUDENTS 6 FACULTY SPONSORS 1 OTHER CHAPERONESTOTAL # OF PARTICIPANTS 7

## 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)Request use of district  
SUV

## 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 ☐ NoPerson contacted at venue to discuss EAP: Person making contact: Adam CrabtreeIs there an Automated External Defibrillator (AED) on site: ☐ Yes ☐ No If yes, where: See attachedDoes 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):

Adam Crabtree

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

Signature of Faculty Sponsor

Date

8-27-25

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee

Date

8/29/25

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

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☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY

PRIOR TO THE TRIP.

SCHOOL ACCTCFACULTY MEMBER(S) SPONSORING TRIP Monica Bean

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify☒ Organization/Club Trip, specify FBLA☐ Other (athletic, band, if applicable)DESTINATION Nissan Stadium ADDRESS

PHONE

☒ Out of State ☐ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodgingTuesdayDATE(S) OF TRIP 11/11/25 DEPARTURE TIME 7:45 A RETURN TIME 2:15 PPURPOSE/EDUCATIONAL VALUE Titans Learning Lab ActivitySOURCE OF FUNDING FOR TRIP FBLA

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, SPECIFYNUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 OTHER CHAPERONESTOTAL # OF PARTICIPANTS 27

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.) Monica Bean  
Kelsey Petty or Marideth Trammel  
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ NoPerson contacted at venue to discuss EAP: Bryanna Graham Person making contact: Monica BeanIs 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:  
security personnel all thru stadium

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

Monica BeanKelsey PettyMarideth Trammel

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

Monica Bean  
Signature of Faculty Sponsor8/11/25  
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval[Signature]  
Signature of Superintendent/Designee8/11/25  
Date

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Review/Revised: 9/18/2023