

**SchoolRelated 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. |
|------------------|-----------------------------------|------------------------------------|---|--------------------|

SCHOOL ACSMS FACULTY MEMBER(S) SPONSORING TRIP T. Cook, J. Pace, M. Valone, A. Stamps

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 Mt. Juliet HS ADDRESS 1875 Golden Bear PHONE (615) 758-5686  
☒ Out of State ☒ Out of County ☐ Within County Gateway, Mt. Juliet, TN 37122  
☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 11/24/26 DEPARTURE TIME TBD RETURN TIME TBD  
 PURPOSE/EDUCATIONAL VALUE winterguard contest

SOURCE OF FUNDING FOR TRIP band account

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 0  
 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: Chaz Bledsoe Person making contact: T. Cook

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

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: 911

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

T. Cook \_\_\_\_\_  
J. Pace \_\_\_\_\_  
M. Valone \_\_\_\_\_  
A. Stamps \_\_\_\_\_

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

Tyler Cook  
 Signature of Faculty Sponsor

12/1/25  
 Date

|   |                        |
|---|------------------------|
| Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____ |                        |
| <u>[Signature]</u><br>Signature of Superintendent/Designee  | <u>12/1/25</u><br>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



**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 T. Cook, J. Pace, M. Valone, A. Stamps

## 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 Wilson Central HS ADDRESS 419 Wildcat Way PHONE (615) 453-4600

- ☒ Out of State ☒ Out of County ☐ Within County Lebanon, TN 37090

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP 2/14/26 DEPARTURE TIME TBD RETURN TIME TBDPURPOSE/EDUCATIONAL VALUE winterguard / percussion contestsSOURCE OF FUNDING FOR TRIP band account

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 40 FACULTY SPONSORS 4 OTHER CHAPERONES 0TOTAL # OF PARTICIPANTS 44

## 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: Nick Thomas Person making contact: T. CookIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: gymDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted:911

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

T. CookJ. PaceM. ValoneA. Stamps

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

Tyler Cook  
Signature of Faculty Sponsor12/1/25  
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_[Signature]  
Signature of Superintendent/Designee12/1/25  
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



**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 T. Cook, J. Pace, M. Valore, A. Stamps

## 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 Siegel HS ADDRESS 3300 Siegel Rd PHONE (615) 907-3800☒ Out of State ☒ Out of County ☐ Within County Murfreesboro, TN # 37129☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP 3/14/20 DEPARTURE TIME TBD RETURN TIME TBDPURPOSE/EDUCATIONAL VALUE Winterguard/percussion contestsSOURCE OF FUNDING FOR TRIP band account

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 40 FACULTY SPONSORS 4 OTHER CHAPERONES 0TOTAL # OF PARTICIPANTS 44

## 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 ☐ NoPerson contacted at venue to discuss EAP: Katie Nicholson Person making contact: T. CookIs there an Automated External Defibrillator (AED) on site? ☒ Yes ☐ No If yes, where: gym, auditoriumDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: 911

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

T. CookJ. PaceM. ValoreA. Stamps

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

Tyler Cook  
Signature of Faculty Sponsor12/1/25  
DateTrip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_[Signature]  
Signature of Superintendent/Designee12/1/25  
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



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| SUBMIT THIS FORM | <input type="checkbox"/> ONE WEEK | <input type="checkbox"/> TWO WEEKS | <input type="checkbox"/> OTHER, SPECIFY _____ | PRIOR TO THE TRIP. |
|------------------|-----------------------------------|------------------------------------|---|--------------------|

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP 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 Gallatin High School ADDRESS Gallatin, TN PHONE \_\_\_\_\_

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

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_DATE(S) OF TRIP 2-7-26 DEPARTURE TIME 7:00AM RETURN TIME 5PMPURPOSE/EDUCATIONAL VALUE Compete in the Sumner Co. Invitational NAQT TournamentSOURCE 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, SPECIFY Gifted + TalentedNUMBER OF: STUDENTS 18 FACULTY SPONSORS 1 OTHER CHAPERONES \_\_\_\_\_TOTAL # OF PARTICIPANTS 19

## 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.)

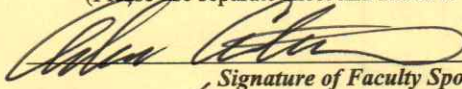
Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: Brian Hoover Person making contact: Adam CrabtreeIs 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):

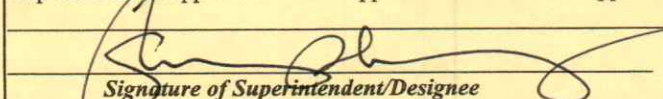
Adam Crabtree

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

  
Signature of Faculty Sponsor

11-24-25  
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

  
Signature of Superintendent/Designee

12/1/25  
Date

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RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

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