

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 ALSHS FACULTY MEMBER(S) SPONSORING TRIP B. BONDS

TYPE OF TRIP (CHECK ONE):

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

DESTINATION HENDERSONVILLE, TN ADDRESS DRAKES CREEK PARK PHONE _____

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 4-28-26 DEPARTURE TIME 3:15 RETURN TIME 9:30

PURPOSE/EDUCATIONAL VALUE REGULAR SEASON GAMES

SOURCE OF FUNDING FOR TRIP SOFTBALL-BOARD

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 24 FACULTY SPONSORS 2 OTHER CHAPERONES 1
TOTAL # 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) _____

* BRAD BONDS
WILL DRIVE

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: COACH / AD Person making contact: BRAD BONDS / CAMERON COOK

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: CONCESSION / PRESS BOX

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):

BRAD BONDS - YES _____

NIP RICE - YES _____

BRYSON BONDS - YES _____

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

Brad Bonds
Signature of Faculty Sponsor

1-16-26
Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

2/4/26
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

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SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP B. BONDS

TYPE OF TRIP (CHECK ONE):

- [] Classroom Field Trip [] Class Trip (i.e., junior, senior), specify [] Organization/Club Trip, specify [X] Other (athletic, band, if applicable) SOFTBALL

DESTINATION FLOYD CENTRAL HS ADDRESS FLOYD KNOBS, IN PHONE

- [X] Out of State [X] Out of County [] Within County [] Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 4-25-26 DEPARTURE TIME 8:00 am RETURN TIME 5:00 pm

PURPOSE/EDUCATIONAL VALUE F/F GAMES

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

Signature of Faculty Sponsor

1-16-26 Date

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Signature of Superintendent/Designee

1/20/26 Date

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DESTINATION WESTMORELAND HS ADDRESS Westmoreland, TN PHONE

- [x] Out of State [x] Out of County [] Within County [] Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 4-21-26 DEPARTURE TIME 3:30 pm RETURN TIME 9:00 pm

PURPOSE/EDUCATIONAL VALUE VJV games

SOURCE OF FUNDING FOR TRIP SOFTBALL-BOARD

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Signature of Faculty Sponsor

1-16-26 Date

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Signature of Superintendent/Designee

1/23/26 Date

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