

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 AKSHS FACULTY MEMBER(S) SPONSORING TRIP Bailey Stamps
Abigail Collins

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Green Hills High ADDRESS 201 N. Green Hill Rd PHONE 615-773-9610

- Out of State Out of County Within County Mount Juliet, TN 37122
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/7/26 DEPARTURE TIME 3pm RETURN TIME 11:45 pm

PURPOSE/EDUCATIONAL VALUE Winterguard Competition

SOURCE OF FUNDING FOR TRIP Band Activity Fund

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 50 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 52

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.21. TODD STAMPS
- 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 Tyler Cook

Person contacted at venue to discuss Mr. Jilles, Director Person making contact: Ada Bailey Stamps

Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where: In the 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):
Bailey Stamps
Abigail Collins
Julie South

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

Ada Bailey Stamps
Signature of Faculty Sponsor _____ Date 2-5-26

Trip has been approved disapproved. Reason for disapproval _____
Signature of Superintendent/Designee _____ Date 2-6-26

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