

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 Chelly Taylor 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) Job Shadow

DESTINATION Beaman Collision (tr. ADDRESS 620 Crutcher St. PHONE 615-251-8450

- Out of State
- Out of County
- Within County Nashville, TN. 37213
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 2/20/26 DEPARTURE TIME 7:00 am RETURN TIME 5:00 pm

PURPOSE/EDUCATIONAL VALUE Hayden Sandefer Job Shadow in his pathway - transportation - Automotive Repair & Collision Repair

SOURCE OF FUNDING FOR TRIP _____

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 1 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 2

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212. Suburban
- 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: Dalton Collins Person making contact: Chelly Taylor Stamps

Is 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: 911

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

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

Chelly Taylor Stamps
Signature of Faculty Sponsor

2/13/26
Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

2/13/26
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

Review/Revised: 9/18/2023