

No SPE D Bus
Needed

STUDENTS

09.36 AP.21

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

SCHOOL : North Todd Elementary School FACULTY MEMBER(S) SPONSORING TRIP MISHAWN GREENFIELD

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: _____

DESTINATION: EVANSVILLE ZOO ADDRESS: 1545 MESKER PARK DR., EVANSVILLE, IN 47720

Overnight; give name, address, phone of lodging: _____

DATE(S) OF TRIP: 4/23/26 DEPARTURE TIME: 8:00 AM RETURN TIME: 2:45 PM

SOURCE OF FUNDING FOR TRIP _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS: 65 FACULTY SPONSORS: _____ TOTAL # OF PARTICIPANTS: 71

EAP: Person contacted at venue to discuss EAP: _____ Person making contact: _____

Is there an Automated External Defibrillator (AED) on site: Yes =X No If yes, where: _____

Does the venue have an Emergency Response Team: Yes X No If yes, how are they contacted: _____

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

<u>Mishawn Greenfield</u>	<u>Amanda Gant</u>
<u>Simons/Mansfield</u>	<u>Sarah Stuard</u>
<u>Kristen McCuiston</u>	<u>Darby Walters</u>

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

Mishawn Greenfield _____ 2/18/26
Signature of Faculty Sponsor Date

Approval of Site Based Council Representative _____ Date _____

District Use Only

Section 2

Approval of District Representative _____ Date _____

DRIVER: TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time Departure: _____ Odometer Start: _____

Date/Time Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____