



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

School *

ALLEN COUNTY PRIMARY CENTER

Faculty Member(s) Sponsoring Trip *

Mckenna Carter

Type of Trip (Check One) *

- ☐ Classroom Field Trip ☐ Class Trip (specify) ☒ Organization/Club Trip (specify)
☐ Other (specify)

Type of Trip *

Art Club

Destination *

ICE! at Gaylord Opryland Event Center

Phone *

(615) 889-1000

Address *

2800 Opryland Drive, Nashville, Tennessee 37214

Destination Type *

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

Departure Date & Time *

12/04/2026 8:00 AM

Return Date & Time *

12/04/2026 1:30 PM

Purpose/Educational Value *

Student will explore hundreds of ice sculptures, discuss the work, time, detail that goes into the art, have the opportunity to watch an artist working on smaller sculptures live, and see first hand a career an artist could have.

Source of Funding for Trip *

Art club funds, and parent funding.

Source of Funding for Trip (Verified by Principal's Designee) *

010-1-022-0131 010-1-022-0894

Funding Verification (Signature): *

Jena Blankenship

Date Signed

09/10/2026 08:44 am

Estimate Cost of Trip

(actual cost billed after the completion of the trip)

Is there a registration cost? *

☒ Yes ☐ No

of Registrations *

16

Cost per Registration *

23.05

Est. Registration Cost

\$368.80

Type of Vehicle Needed *

☒ Bus ☐ Fleet Vehicle (i.e., SUV)

of Busses *

1

Round Trip Mileage *

124

Length of Trip (in hours) *

3

Est. Cost of Buses

\$161.20

Est. Cost of Driver

\$60.00

Meal Cost Estimate *

\$0

Are there any other costs associated with the trip? *

☒ Yes ☐ No

If yes, please explain. *

Estimated Additional Cost *

\$20.00

parking is \$20, I think

Total Estimated Cost

\$610.00

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

Bill Trip Expenses To *

☒ Sponsoring Organization ☐ School Council ☐ Board ☐ Other

Number of Students *

14

Faculty Sponsors *

1

Other Chaperones *

0

Total # of Participants

15

Mode of Transportation

Is District Transportation Needed? *

☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212.

Transportation Type Specifications *

Regular bus

Supervision (Please List of Names of Adults Accompanying Students on Trip)

Name of Adult	Phone Number
McKenna Carter	270-634-2571

You can add employees by clicking the + icon to the right

Have all chaperones undergone required records check and been designated by the principal/designee to supervise students? *

☒ Yes ☐ No

EMERGENCY ACTION PLAN

Person contacted at venue to discuss EAP *

Finn Bishop

Person making contact *

McKenna Carter

Is there an Automated External Defibrillator (AED) on site? *

☒ Yes ☐ No

If Yes, where? *

front of building

Does the venue have an Emergency Response Team? *

☐ Yes ☒ No

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

Employee	CPR Trained
McKenna Carter	☒

You can add employees by clicking the + icon to the right

Faculty Sponsor Name *

McKenna Carter

Faculty Sponsor Email *

mckenna.carter@allen.kyschools.us

For the purpose of processing this form

Signature of Faculty Sponsor *

McKenna Carter

Date Signed

09/09/2026 02:32 pm

Trip has been *

☒ Approved ☐ Disapproved

Signature of Principal/Designee *

Leah Renfrow

Date Signed

09/10/2026 08:52 am

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

Trip has been *

☐ Approved ☐ Disapproved

Date of Board Approval *

Signature of Superintendent/Designee *

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