



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

School *

ALLEN COUNTY PRIMARY CENTER

Faculty Member(s) Sponsoring Trip *

ACPC

Type of Trip (Check One) *

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

Destination *

Bottom View Farms

Phone *

(615) 325-7017

Address *

185 Wilkerson Ln, Portland, TN 37148

Destination Type *

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

Departure Date & Time *

10/19/2026 8:15 AM

Return Date & Time *

10/19/2026 1:15 PM

Purpose/Educational Value *

Learn about life cycles of plants and animals.
Farm to Table

Source of Funding for Trip *

Parents will pay the \$10 fee. Transportation ?????? Meal will be school lunch

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

010-1-022-0131 010-1-022-0894 010-2-121-0131-337K 010-2-121-0894-337K

Funding Verification (Signature): *

Date Signed

Jena Blankenship

09/11/2026 10:40 am

Estimate Cost of Trip

(actual cost billed after the completion of the trip)

Is there a registration cost? *

☒ Yes ☐ No

of Registrations *

225

Cost per Registration *

\$10

Est. Registration Cost

\$2,250.00

Type of Vehicle Needed *

☒ Bus ☐ Fleet Vehicle (i.e., SUV)

of Busses *

5

Round Trip Mileage *

90 miles

Length of Trip (in hours) *

5 hrs.

Est. Cost of Buses

\$585.00

Est. Cost of Driver

\$500.00

Meal Cost Estimate *

\$0

Are there any other costs associated with the trip? *

☐ Yes ☒ No

Total Estimated Cost

\$3,335.00

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

Bill Trip Expenses To *

☐ Sponsoring Organization ☐ School Council ☐ Board ☒ Other

If other, specify *

Registration Parents, Not sure about transportation

Number of Students *

225

Faculty Sponsors *

14

Other Chaperones *

0

Total # of Participants

239

Mode of Transportation

Is District Transportation Needed? *

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

Transportation Type Specifications *

We have a couple of students that ride a small bus to and from school. There ECE teacher is communicating with Mrs. Renfrow to decide if those students will need special transportation for the trip.

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

Name of Adult	Phone Number

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 *

Kelley

Person making contact *

Angie Patrick

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

☐ Yes ☒ No

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
Angela Patrick	☐
Julia Grothe	☐
Kristian Scovak	☐
Julie Orman	☒
Macy Owen	☐
Rachel Pennington	☐
Abby Coots	☐
Jamie England	☐
Meghan McClard	☐
Heather Mitchell	☐
Missy Coffee	☐
Instructional Aid from Vaughn's Class	☐
Lilly Caldwell	☐
Instructional Aid from Sidden's Class	☐

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

Faculty Sponsor Name *

First Grade

For the purpose of processing this form

Faculty Sponsor Email *

angela.patrick@allen.kyschools.us

Signature of Faculty Sponsor *

Angela Patrick

Date Signed

09/11/2026 10:08 am

Trip has been *

☒ Approved ☐ Disapproved

Signature of Principal/Designee *

Leah Renfrow

Date Signed

09/11/2026 02:02 pm

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