Request Joey Jones + Kristina Haley to drive since they will be on the Field Trip

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 Laura Boley

TYPE OF TRIP (CHECK ONE):

Organization requesting the Trip / Organization responsible for Payment: PTO

DESTINATION: Dave & Busters **ADDRESS:** Clarksville TN.

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

DATE(S) OF TRIP: 11/7/24 **DEPARTURE TIME:** 8:00 AM **RETURN TIME:** 2:00 PM

SOURCE OF FUNDING FOR TRIP _____

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

NUMBER OF: STUDENTS: 72 **FACULTY SPONSORS:** **TOTAL # OF PARTICIPANTS:** 9

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): Brett Carver

Drive Bus < Joey Jones, Kristina Haley, Keribeth Haley, Trish Knepper, Lisa Sharp, Laura McGehee, Tracy Hancock, Amanda Stranger

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

Laura Boley 11/3/24

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 _____