

STUDENTS

09.36 AP.21

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 ACS HS FACULTY MEMBER(S) SPONSORING TRIP Diane Towe

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____
- Other (athletic, band, if applicable) cheer comp.

DESTINATION Farm Bureau Expo ADDRESS 945 E Baddour St. PHONE (615) 450-3049

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10/22/23 DEPARTURE TIME 8:00 am RETURN TIME 8:00 pm

PURPOSE/EDUCATIONAL VALUE free showcase for our team to be evaluated prior to KHSAA competition

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 24 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 26

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- 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: _____ Person making contact: _____

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: _____

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

Diane Towe
Shannon Carter

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

Diane Towe
Signature of Faculty Sponsor

9/28/23
Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

_____ 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

tolm
events

FREE

FREE

FALL SHOWCASE

WITH



10.22.23
LEBANON, TN

REGISTER TODAY @
SPIRITSOLUTIONS.COM

Check out our other events coming soon!

11.18.23 GO ORANGE WITH GMCE
FAIRFIELD, OH

12.16.23 NASHVILLE NATIONALS WITH CHEER DERBY
NASHVILLE, TN

2.4.24 WINTER FEST WITH GMCE
EVANSVILLE, IN

2.10.24 CHEER DERBY TAMPA WITH CHEER DERBY
TAMPA, FL

2.24.24 CHEER DERBY GRAND NATIONALS
LOUISVILLE, KY

3.9.24 SPRING FLING WITH GMCE
DAYTON, OH

3.23.24 CHEER DERBY SAVANNAH
SAVANNAH, GA

12.9.23 GMCE PROVAL RUMBLE
HOUSTON, TX

1.20.24 LIBERTY ASSOCIATION SPIRIT SOLUTIONS
HOUSTON, TX

2.10.24 HOOPER HALL PROVAL RUMBLE
TROY, OH

2.24.24 SPIRIT MATCHES WITH CHEER DERBY
HOUSTON, TX

3.2.24 HOOPER HALL NATIONALS
TROY, OH

3.16.24 HOOPER HALL NATIONALS
TROY, OH

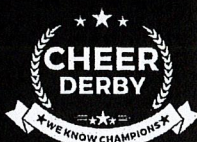
4.6.24 HOOPER HALL NATIONALS
TROY, OH



GMCE.COM



SPIRITSOLUTIONS.COM



CHEERDERBY.COM

tolmevents.com

\$15⁰⁰ spectator pricing

Free for our team to enter!

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 Adam Crabtree

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify Academic Team Other (athletic, band, if applicable) _____

DESTINATION Tennessee Tech University ADDRESS Cookeville, TN PHONE _____

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11-15 and 11-16 DEPARTURE TIME 7:30AM RETURN TIME 5:30PM

PURPOSE/EDUCATIONAL VALUE Participate in the WCTE Academic Bowl Tournament

SOURCE OF FUNDING FOR TRIP Gifted + Talented

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 Gifted + Talented

NUMBER OF STUDENTS 5 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 6

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212. District Car (Sun) if available
- CERTIFICATED COMMON CARRIER; SPECIFY _____
- PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Adam Crabtree

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: Sarah Savage Person making contact: Adam Crabtree

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: See attached

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

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

[Signature]
Signature of Faculty Sponsor

9-25-23
Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

_____ 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

School-Related Student Trip Request Form

INSTRUCTIONS

1. Requests for trips (athletic events, conferences, field trips, etc....) must be submitted **3 weeks** prior to trip.
2. Requests for **overnight** or **out-of-state** trips must be submitted **6 weeks** prior to trip.
3. Please attach a tentative transportation itinerary, including any planned stops.
4. If overnight trip, attach name, address and phone number of lodging.

SCHOOL ACCTC FACULTY MEMBER IN CHARGE Mrs. Bean

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip Organization/Club Trip, specify FBLA
 Class Trip (i.e. junior, senior), specify _____ Other (Athletic, etc...) specify, _____

DESTINATION: Nissan Stadium ADDRESS Nashville, TN PHONE _____

Out of State Out of County Within County Overnight

DATE(S) OF TRIP 11/14/23 TIME YOU PLAN TO DEPART FROM SCHOOL around 7:45AM

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL around 2:15 PM

PURPOSE/EDUCATIONAL VALUE Business students see what all is involved in managing a professional sports team

BILL TRIP EXPENSES TO: FBLA

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

NUMBER OF: Students 20-25 Faculty Sponsors 2 Other Chaperones _____
 Total # of Participants (Riders) 27

MODE OF TRANSPORTATION

Is District Transportation Needed? No Yes, see Procedure 09.36 AP.212
 Certificated Common Carrier (i.e. Charter Bus), specify company _____
 Private Vehicle, if allowed by policy; specify driver(s) _____

Any special transportation needs? (e.g. under storage compartments for luggage, etc...) _____

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

Monica Bean
 Signature of Faculty Sponsor

Monica Bean
Kelsey Petty
9-11-2023
 Date

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved, reason for disapproval _____ _____ Signature of Superintendent/Designee	_____ Date
For overnight and/or out of state trips, approval of thee Superintendent and/or Board may be required by policy 09.36.	

Sent to Mr. Hamby
Via email 9/22/23

STUDENTS

09.36 AP.21

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 STAMPER

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION _____ ADDRESS Paducah Ky PHONE _____

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging Courtyard Marriott of Paducah

DATE(S) OF TRIP 9-25-9-26 2023 DEPARTURE TIME 8:00 am RETURN TIME 7:00 pm

PURPOSE/EDUCATIONAL VALUE Round 2 KHSAA Boys state Championships (GOLF)

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 2 FACULTY SPONSORS 1 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 3

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.

CERTIFICATED COMMON CARRIER; SPECIFY _____

PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Scott Stamper / Stephen Rutledge

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: _____ Person making contact: _____

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: _____

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

Scott Stamper CPR Trained

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

[Signature] Signature of Faculty Sponsor 9-21-23 Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature] Signature of Superintendent/Designee 9/21/23 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

Sent to Mr. Hamby Girls State Golf
 via email 9/22/23
 *
 Tournament
 09.36 AP.21

STUDENTS

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 S. Cackrill

TYPE OF TRIP (CHECK ONE):
 Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
 Organization/Club Trip, specify _____ Other (athletic, band, if applicable) _____

DESTINATION _____ ADDRESS _____ PHONE _____
 Out of State Out of County Within County
 Overnight; give name, address, phone of lodging Courtyard by Marriott Paducah
3835 Technology Dr Paducah, KY 42001 US

DATE(S) OF TRIP _____ DEPARTURE TIME _____ RETURN TIME _____
 PURPOSE/EDUCATIONAL VALUE Girls State Golf Tournament

SOURCE OF FUNDING FOR TRIP Allen Co Board of Education - Post Season

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 2 FACULTY SPONSORS 1 OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS 3

MODE OF TRANSPORTATION
 IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
 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: _____ Person making contact: _____

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

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

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Shayna Cackrill Yes
Brian Carter Yes

NO
 Bus
 Needed

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

 Signature of Faculty Sponsor 9-21-23
 Date

Trip has been approved disapproved. Reason for disapproval _____

 Signature of Superintendent/Designee 9/21/23
 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