

**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 Paul Spears + Rachel Davis

TYPE OF TRIP (CHECK ONE):

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

DESTINATION KY Horse Park ADDRESS Lexington PHONE \_\_\_\_\_

- Out of State  Out of County  Within County

Overnight; give name, address, phone of lodging GLO Bestwestern, Lexington KY  
1-859-554-8854

DATE(S) OF TRIP 10-27+10-28 DEPARTURE TIME 10:00 A.M. RETURN TIME 7:00 P.M.

PURPOSE/EDUCATIONAL VALUE State Cross Country Meet

SOURCE OF FUNDING FOR TRIP Board

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 17 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 19

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: [scribble] 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

[Signature] 10-12-23  
Signature of Faculty Sponsor Date

Trip has been  approved  disapproved. Reason for disapproval \_\_\_\_\_

[Signature] 10/13/23  
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

# Agenda for 23 State XC Meet

## Friday Oct 27

Students report to school at regular time, and attend classes till 8:30.

9:00 CST Runners will load bus and leave ACS

1:45 Drive time to Bardstown Fazoli's

12:00 EST Eat at Fazoli's

1:15 EST Leave for TownPlace Suite by Marriot Lexington South/Hamburg Place

2:30 EST Check at Hotel

3:20 - 5:00 EST Practice at Horse Park

5:30 Eat as a team in a Restaurant (Runners will Pick)

7:00 Arrive Back at Hotel for the Night

## Saturday Oct 28

9:00AM EST Gates Open for Spectators

10:30AM EST Team will Arrive at Horse Park

12:30PM EST Boys Race

1:15PM EST Girls Race

2:00PM EST Awards if someone is going to get one.

2:30PM EST Head to Scottsville May Stop at FastFood Joint on the way home.

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SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP H. Adams

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 Creekwood Botanical ADDRESS 1200 Forrest Park Dr Nashville, TN PHONE 615 356 8000

- Out of State  Out of County  Within County 37205
- Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP Dec. 8<sup>th</sup> 2023 DEPARTURE TIME 7:40 am RETURN TIME 03:00 pm

PURPOSE/EDUCATIONAL VALUE To introduce students to how artwork is displayed and shown in a museum setting.

SOURCE OF FUNDING FOR TRIP Art Dept (Students in DC Art Appre. paid for 2 field trips)

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 Art Dept. account

NUMBER OF STUDENTS 33 FACULTY SPONSORS 4 OTHER CHAPERONES —  
TOTAL # OF PARTICIPANTS 37

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: Kaitlin McGarrk Person making contact: H. Adams

Is there an Automated External Defibrillator (AED) on site?  Yes  No If yes, where: Botanic Hall near entrance

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: CALL 911, they do have security on site.

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

- Hope Adams \_\_\_\_\_
- Cadey Baskett \_\_\_\_\_
- Kathina Humphrey \_\_\_\_\_
- Billy Jo Miller (possible) \_\_\_\_\_

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

Hope Adams  
Signature of Faculty Sponsor

Oct. 16, 2023  
Date

Trip has been  approved  disapproved. Reason for disapproval \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent/Designee

10/20/23  
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

**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 ACSTS FACULTY MEMBER(S) SPONSORING TRIP Greg Dunn

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 Westmoreland HS ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

DATE(S) OF TRIP 12-8-2023 DEPARTURE TIME 4:30 pm RETURN TIME 9:00 pm

PURPOSE/EDUCATIONAL VALUE Basketball game

SOURCE OF FUNDING FOR TRIP Girls Basketball

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 20 FACULTY SPONSORS 3 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 23

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: E.J. Perry Person making contact: Greg Dunn

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: Have administrators + SRO. Also trainees.

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

Greg Dunn - CPR  
Gary DeWitt - CPR  
Chris Roy - CPR

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

Greg Dunn  
Signature of Faculty Sponsor

10-10-2023  
Date

Trip has been  approved  disapproved. Reason for disapproval \_\_\_\_\_

[Signature]  
Signature of Superintendent/Designee

11/2/23  
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

Overnight

STUDENTS

09.36 AP.21

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SCHOOL ACS HS FACULTY MEMBER(S) SPONSORING TRIP Casey Napier

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 Gatlinburg, TN ADDRESS 150 Proffitt Rd. PHONE \_\_\_\_\_  
 Out of State  Out of County  Within County Gatlinburg, TN  
 Overnight; give name, address, phone of lodging Glenstone Lodge (865) 436-9361

DATE(S) OF TRIP 12/20 - 12/22 DEPARTURE TIME 7:00am RETURN TIME 2:00pm (11/22/23)  
PURPOSE/EDUCATIONAL VALUE Basketball Tournament

SOURCE OF FUNDING FOR TRIP ACS Boys Basketball

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 ACS Boys Basketball

NUMBER OF STUDENTS 16 FACULTY SPONSORS 5 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 21

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: unknown

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):  
Casey Napier \_\_\_\_\_ Brandon Dewitt \_\_\_\_\_  
Chris Carter \_\_\_\_\_  
Trevor Carver \_\_\_\_\_  
Cole Arvin \_\_\_\_\_

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

Casey Napier  
Signature of Faculty Sponsor \_\_\_\_\_ Date 11/2/23

Trip has been  approved  disapproved. Reason for disapproval \_\_\_\_\_  
\_\_\_\_\_  
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

# Gatlinburg Itinerary

## **12/20/23: Day 1**

7:00 am: Departure

9:45 am: Bus stop in Crossville, TN. Stop at a gas station.

10:15 am: Leave Crossville, TN.

12:15 pm: Arrive in Gatlinburg, TN.

12:45 pm: Arrive at Gatlinburg High School

1:30 pm: Game #1

4:00 pm: Leave gym, take team to hotel (Glenstone Lodge).

6:00 pm: Team meal

11:00 pm: Lights out

## **12/21/23: Day 2**

7:30 am: Team breakfast at Log Cabin Pancake House.

9:00 am - 3:00 pm: Team bonding activities in Gatlinburg. Gatlin's Mini Golf/Lazer Tag (716 Parkway #219 Gatlinburg, TN) / Lunch on the strip (All team bonding activities will take place on the main strip in downtown Gatlinburg)

3:00 pm: Leave the hotel and go to the gym.

4:30 pm: Game #2

8:00 pm: Back to hotel

11:30 pm: Lights out