

**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 T.E.B.M.S. FACULTY MEMBER(S) SPONSORING TRIP Shannon Carter

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Corbin Ky ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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

DATE(S) OF TRIP 12-15 & 12-16 DEPARTURE TIME 4:00 RETURN TIME 4:45

PURPOSE/EDUCATIONAL VALUE State Cheer Competition

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

**A** 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 19 FACULTY SPONSORS 2 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: Chris Carter

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):

Shannon Carter - CPR Trained  
Whitney Byrn - CPR Trained

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

\_\_\_\_\_  
*Signature of Faculty Sponsor* \_\_\_\_\_ *Date* \_\_\_\_\_

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u> <i>Signature of Superintendent/Designee</i>	<u>11-14-23</u> <i>Date</i>

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

09.36 AP.21

**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. Overnight and Out of State trips must be board approved.
4. If overnight trip, attach name, address and phone number of lodging, and a transportation itinerary, including any planned stops.

SCHOOL JEBMS FACULTY MEMBER IN CHARGE Devin Stovall

TYPE OF TRIP (CHECK ONE):

Classroom Field Trip  Organization/Club/Class/Athletic Trip (specify) JEBMS Boys BASKETBALL  
 Itinerary Attached  Itinerary to follow  No planned stops

DESTINATION: Westmoreland Middle School ADDRESS 4128 Hawkins Dr. Westmoreland, TN 37186 PHONE 615-644-3000

Out of State  Out of County  Within County  Overnight

DATE(S) OF TRIP 1-8-24 TIME YOU PLAN TO DEPART FROM SCHOOL 4:00 PM

APPROXIMATE TIME YOU PLAN TO BE BACK AT SCHOOL 9:00 PM

PURPOSE/EDUCATIONAL VALUE MIDDLE SCHOOL BOYS BASKETBALL GAME

BILL TRIP EXPENSES TO: JEBMS 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*

NUMBER OF: Students 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 N/A  
 Private Vehicle, if allowed by policy; specify driver(s) N/A  
 Any special transportation needs? (e.g. under storage compartments for luggage, etc...) N/A

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

Devin Stovall  
Signature of Faculty Sponsor

12-11-23  
Date

Trip has been <input checked="" type="radio"/> approved <input type="radio"/> disapproved, reason for disapproval _____
<u>Ashley Cole</u> Signature of Superintendent/Designee
<u>12-11-23</u> Date

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

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SCHOOL JEBMS FACULTY MEMBER(S) SPONSORING TRIP Austin Byrn

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Fairfield inn ADDRESS 2100 Hackney PHONE (859)-977-5870

- Out of State  Out of County  Within County

Overnight; give name, address, phone of lodging Fairfield inn, 2100 Hackney Pl., Lexington, Ky 40511

DATE(S) OF TRIP 1/14/24 - 1/16/24 DEPARTURE TIME 8:00am RETURN TIME 2:00pm

PURPOSE/EDUCATIONAL VALUE Beta Convention

SOURCE OF FUNDING FOR TRIP JEBMS Beta

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

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BILL TRIP EXPENSES TO:  SPONSORING ORGANIZATION  SCHOOL COUNCIL  BOARD  OTHER, SPECIFY \_\_\_\_\_

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 25

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: Rebecca Wilson Person making contact: Austin Byrn

Is there an Automated External Defibrillator (AED) on site:  Yes  No If yes, where: Breakfas + area near lobby

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: Rebecca Wilson (859)-977-5870

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

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

Austin Byrn  
Signature of Faculty Sponsor

12-14-23  
Date

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____
<u>[Signature]</u> Signature of Superintendent/Designee
<u>12/14/23</u> 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