

**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 ACCTC FACULTY MEMBER(S) SPONSORING TRIP Marideth Trammel & Leslie Stovall

**TYPE OF TRIP (CHECK ONE):**

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

DESTINATION Hyatt Regency Louisville ADDRESS 320 W. Jefferson St PHONE 502-581-1234

- Out of State  Out of County  Within County
- Overnight; give name, address, phone of lodging Hyatt Regency Louisville Downtown  
320 W. Jefferson St Louisville, KY 40202 502-581-1234

DATE(S) OF TRIP March 3-5, 2024 DEPARTURE TIME 12:00 p.m. RETURN TIME 2:30 p.m.

PURPOSE/EDUCATIONAL VALUE students competing at state DECA competition

SOURCE OF FUNDING FOR TRIP DECA - student payment

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 30 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 32

**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: Monique Johnson Person making contact: Marideth Trammel

Is there an Automated External Defibrillator (AED) on site:  Yes  No If yes, where: security office / back of

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: front desk  
Louisville Metro PD & Fire Dept. → All managers are trained in CPR

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

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

Marideth Trammel  
Signature of Faculty Sponsor 2-1-2024  
Date

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

[Signature]  
Signature of Superintendent/Designee 2/2/24  
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



**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 Tyler Cook

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 Campbellsville University ADDRESS 1 University Drive Campbellsville, KY 42718 PHONE 800-264-6014

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

DATE(S) OF TRIP 2/22 - 2/24 DEPARTURE TIME 9 am RETURN TIME 2 pm

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_  
on 2/22 on 2/24

SOURCE OF FUNDING FOR TRIP Band Acct.

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 12 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 14

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: Ed Johnson Person making contact: Tyler Cook

Is there an Automated External Defibrillator (AED) on site:  Yes  No If yes, where: GOSse Fine Arts / Rensdell

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911 chapel

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

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

Tyler Cook  
Signature of Faculty Sponsor

1/10/24  
Date

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

[Signature]  
Signature of Superintendent/Designee

1/12/24  
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



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

SUBMIT THIS FORM [ ] ONE WEEK [ ] TWO WEEKS [X] OTHER, SPECIFY PRIORITY TO THE TRIP.

SCHOOL ACS HS FACULTY MEMBER(S) SPONSORING TRIP T. Cook J. Pace

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Columbia Central HS ADDRESS 921 Lon Rky PHONE 931-381-2222

- [X] Out of State [ ] Out of County [ ] Within County Columbia, TN 38401 [ ] Overnight; give name, address, phone of lodging

DATE(S) OF TRIP 3/9/24 DEPARTURE TIME TBD Am RETURN TIME TBD Pm

PURPOSE/EDUCATIONAL VALUE Winter guard Contest

SOURCE OF FUNDING FOR TRIP BAND Acct.

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: [X] SPONSORING ORGANIZATION [ ] SCHOOL COUNCIL [ ] BOARD [ ] OTHER, SPECIFY

NUMBER OF: STUDENTS 40 FACULTY SPONSORS 2 OTHER CHAPERONES TOTAL # OF PARTICIPANTS 42

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? [ ] NO [X] 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? [X] Yes [ ] No

Person contacted at venue to discuss EAP: Jonathan Barry Person making contact: Tyler Cook

Is there an Automated External Defibrillator (AED) on site: [X] Yes [ ] No If yes, where: Commons Area

Does the venue have an Emergency Response Team: [ ] Yes [X] No If yes, how are they contacted: 911

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

Tyler Cook Miranda Cook Nika Diel Matt McGuire

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

Tyler Cook Signature of Faculty Sponsor 1/10/24 Date

Trip has been [X] 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

[Handwritten Signature]

Review/Revised: 9/18/2023

1/17/24



**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 T. Cook

J. Pace

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 Siegel HS ADDRESS 3300 Siegel Rd. PHONE \_\_\_\_\_

- Out of State
- Out of County
- Within County

Murreesboro, TN 37129

Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP 3/16/24 DEPARTURE TIME TBD/AM RETURN TIME TBD/PM

PURPOSE/EDUCATIONAL VALUE Wintergual Contest

SOURCE OF FUNDING FOR TRIP Band Acct.

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 40 FACULTY SPONSORS 2 OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS 42

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: Blake Ward Person making contact: Tyler Cook

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

Does the venue have an Emergency Response Team:  Yes  No If yes, how are they contacted: 911

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

- Tyler Cook \_\_\_\_\_
- Miranda Cook \_\_\_\_\_
- Niki Dal \_\_\_\_\_
- Matt McGuire \_\_\_\_\_

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

Tyler Cook  
Signature of Faculty Sponsor

1/10/24  
Date

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

[Signature]  
Signature of Superintendent/Designee

1/12/24  
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



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SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Tyler Cook

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 Muhlenberg Co. HS ADDRESS 501 W. Evely PHONE 270-338-6040

- Out of State  Out of County  Within County Brooks Blvd. Greenville, Ky 42345

Overnight; give name, address, phone of lodging Best Western 627 S 2nd St. Central City, Ky 42330  
Ph. 270-757-0222

DATE(S) OF TRIP March 22-23 DEPARTURE TIME 3/22 8am RETURN TIME 3/23 7pm

PURPOSE/EDUCATIONAL VALUE West Ky Perc. Festival

SOURCE OF FUNDING FOR TRIP Band Acct.

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 3 FACULTY SPONSORS 1 OTHER CHAPERONES 4  
TOTAL # OF PARTICIPANTS 4

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: Troy Stovall Person making contact: Tyler Cook

Is there an Automated External Defibrillator (AED) on site:  Yes  No If yes, where: Auditorium/Arts wing

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

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

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

Tyler Cook  
Signature of Faculty Sponsor

1/10/24  
Date

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

[Signature]  
Signature of Superintendent/Designee

1/17/24  
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