

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 T. Stampi

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Southern Hight School ADDRESS 8620 Preston Hwy PHONE 502-485-8330

- Out of State Out of County Within County

Overnight; give name, address, phone of lodging Holiday Inn Express ~~KO~~
Louisville Airport South 6551 Paramount Park Dr. Louisville Ky

DATE(S) OF TRIP 3/14-3/15/24 DEPARTURE TIME 3:00pm RETURN TIME 5:00pm

PURPOSE/EDUCATIONAL VALUE Two students to compete in
a Hands-on ~~Car~~ Toyota Competition.

SOURCE OF FUNDING FOR TRIP Automotive Account

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 2

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? NO YES, SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY School Car, Todd Stampi will Drive
- 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: Ryan Blackwell Person making contact: Ryan Blackwell

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted:
Ryan Blackwell (502) 485-8330

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

Todd Stampi

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

Todd Stampi
Signature of Faculty Sponsor

3/7/24
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