

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 Mandieth Trammel & Lisa Howell

TYPE OF TRIP (CHECK ONE):

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

DESTINATION ADDRESS PHONE

- [] Out of State [x] Out of County [] Within County
[x] Overnight; give name, address, phone of lodging Richmond, ky - Holiday Inn Express Richmond

DATE(S) OF TRIP May 30-31 DEPARTURE TIME 6:00 a.m. RETURN TIME 6:00 p.m.

PURPOSE/EDUCATIONAL VALUE to attend summer camp as state DECA president and advisor - plan for upcoming year.

SOURCE OF FUNDING FOR TRIP DECA 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 1 FACULTY SPONSORS 2 OTHER CHAPERONES
TOTAL # OF PARTICIPANTS 3

MODE OF TRANSPORTATION

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

[] CERTIFICATED COMMON CARRIER; SPECIFY

[] PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)

possibly ->

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: Allen Person making contact: Mandieth Trammel

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

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

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

Mandieth Trammel
Lisa Howell

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

Signature of Faculty Sponsor

Date

3-26-2024

Trip has been [x] approved [] disapproved. Reason for disapproval

Signature of Superintendent/Designee

Date

4/8/24

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 ACCTC FACULTY MEMBER(S) SPONSORING TRIP Marideth Trammel & ~~Eric Stovall~~

TYPE OF TRIP (CHECK ONE):

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

DESTINATION ADDRESS PHONE

- [] Out of State [x] Out of County [] Within County
[] Overnight; give name, address, phone of lodging Galt House Hotel

DATE(S) OF TRIP July 8-10 DEPARTURE TIME 6:00 a.m. RETURN TIME 6:00 p.m.

PURPOSE/EDUCATIONAL VALUE To represent DECA as state president (Houston) and to attend learning sessions.

SOURCE OF FUNDING FOR TRIP DECA

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 1 FACULTY SPONSORS 2 OTHER CHAPERONES
TOTAL # OF PARTICIPANTS 3

MODE OF TRANSPORTATION

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

- [] CERTIFICATED COMMON CARRIER; SPECIFY
[] PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)

possibly ->

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: Mariah Blakely Person making contact: Marideth Trammel

Is there an Automated External Defibrillator (AED) on site: [x] Yes [] No If yes, where: Security office / various common areas

Does the venue have an Emergency Response Team: [] Yes [x] No If yes, how are they contacted: Lanesville Fire & EMS

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

Marideth Trammel
Eric Stovall

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

Signature of Faculty Sponsor Marideth Trammel Date 3-26-2024

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

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 Debra Riggsby

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Savannah International Trade + Convention PHONE (912) 447-4000

- [] Out of State [] Out of County [] Within County Savannah, Georgia

[] Overnight; give name, address, phone of lodging TBD

Address: Savannah Convention Center
*One International Dr.
Savannah, GA
31421

DATE(S) OF TRIP June 16-20 2024 DEPARTURE TIME June 15 8:00 AM RETURN TIME June 20, 2024

PURPOSE/EDUCATIONAL VALUE Beta National Conventions Academics

SOURCE OF FUNDING FOR TRIP Beta Club & Parents/Students

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 10 FACULTY SPONSORS 2 OTHER CHAPERONES 10
TOTAL # OF PARTICIPANTS 10

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) Students will ride w/ parents

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: Lindsay Olear Person making contact: Debra Riggsby

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):

Debra Riggsby
Shelley Cook

* may split a
Chapter bus
w/ Banner Co.
waiting on
Confirmation.

(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 [] 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

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