SchoolRelated 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 N	MEMBER(S) SPO	Control Property and Control P	videth tranmel of which storad !
TYPE OF TRIP (CHECK ONE)				THE PARTY OF THE P
☐ Classroom Field Tri	p□ Class Trip (i.	e., junior, sei	nior), specify	
☑ Organization/Club T	rip, specify W	nme liter	Camp Other (athletic, band, if applicable)
DESTINATION	ADDR	ESS	PHONE	
Out of State O	it of County \square	Within Cou	nty	
				4 - Holiday Inn Express. Ridmond
DATE(S) OF TRIP MAY 30	depart	TURE TIME	2:00 a.m. returi	NTIME 6:00 p.m.
PURPOSE/EDUCATIONAL VA	THE TO WHAT	Summer	amp as state i	VECAT
	president	and advisu	- plan for w	ocuming year.
SOURCE OF FUNDING FOR T	RIP DEUK NO	ct		
Attach a description registration, and all oth	of estimated er anticipated tr	expenses in	ncluding, but no	ot limited to, lodging, meals,
			IP BECAUSE OF AN I	NARILITY TO PAV
BILL TRIP EXPENSES TO:	SPONSORING	ORGANIZATIO	N □ SCHOOL COU	NCIL D BOARD D OTHER, SPECIFY
TOTAL # OF PARTI	CIPANTS 5	ONSORS 2	OTHER CHAPERO	ONES
MODE OF TRANSPORTATION IS DISTRICT TRANS		TED TO	Hama arrango	
CERTIFICATED	COMMON CARRIER	R: SPECIFY	☐ YES, SEE PROCE	
→ □ PRIVATE VEHIC	LE, IF ALLOWED B	Y POLICY; SPE		
SUPERVISION (ATTACH LI	ST OF NAMES OF	ADULTS ACCO	MPANYING STUDEN	TS ON TRIP.)
Have all chaperones	undergone th	e required	records check	and been designated by the
principal/designee to su	ipervise student	ts? Yes	□ No	and the second s
				ing contact: Mandeth Trammel
Is there on Automated Enter	- al D-fil ill 4	MIO I	Person mak	ing contact: MATCHETH TOWNING
Is there an Automated External				
Does the venue have a	in Emergency R	esponse Tear	n: Yes No	o If yes, how are they contacted:
School Employee(s) Attend Marideth Transco	ing Trip (Please no	ote beside nam	e if employee is CP	R trained):
Stre Storall				
A (Please use senarote che	et and ettade to the	·:C		
(1 rease use separate snee	of and allach to this I	onn ir more spa	ce is needed to list sch	ool employees attending).
N/MICHANIA	mn.			3-26-2024
Signature	of Faculty Sponsor			Date
Trip has been approved	disapproved. Reas	on for disappro	val	
1				
1 Vist	~			4/8/24
Signature & Superi	ntenden Designee			Date
for overnight and/or o	ut-of-state trins appr	roval of the Sun	erintendent and/or Roc	Said and the said to the said

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

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SCHOOL ACCTC FACULTY MEMBER(S) SPONSORING TRIP MANAGED TRAINMED STATES FOR TYPE OF TRIP (CHECK ONE): Classroom Field Trip Class Trip (i.e., junior, senior), specify Organization/Club Trip, specify KACTE Summer Conf Cother (athletic, band, if applicable) DESTINATIONADDRESSPHONE Out of State Out of County County								
TYPE OF TRIP (CHECK ONE): Classroom Field Trip Class Trip (i.e., junior, senior), specify Organization/Club Trip, specify KACTE Summer Conf Check Check Conf. DESTINATION ADDRESS PHONE								
Organization/Club Trip, specify KACTE Summer Capt Other (athletic, band, if applicable) DESTINATION								
Organization/Club Trip, specify KACTE Summer Capt Other (athletic, band, if applicable) DESTINATION								
DESTINATION ADDRESS PHONE								
11 Out of State 11 Out of County Within County								
The of State of County II within County								
Overnight; give name, address, phone of lodging Gulf House Hotel								
DATE(S) OF TRIP WY 5-10 DEPARTURE TIME W: 00 0.m RETURN TIME W: 00 pm.								
PURPOSE/EDUCATIONAL VALUE TO represent Occas as make president (thouston)								
Source of funding for trip DECK								
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 / FACULTY SPONSORS 2 OTHER CHAPERONES								
MODE OF TRANSPORTATION								
IS DISTRICT TRANSPORTATION NEEDED? WOO DYES, SEE PROCEDURE 09.36 AP.212.								
CERTIFICATED COMMON CARRIER; 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? \(\text{Yes} \) \(\text{No} \)								
Person contacted at venue to discuss EAP: Mariah Blakey Person making contact: Mariath Tranmel								
Is there an Automated External Defibrillator (AED) on site: Yes \(\square\) No If yes, where: Scuring of fix /various								
Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted:								
Lausnic Fire & Ems								
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):								
Marigeth Trammel								
Lestic Storoll								
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).								
Javelish Jammil. 3-26-2024								
Signature of Faculty Sponsor Date								
Trip has been approved disapproved. Reason for disapproval								
Chicata								
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

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SUBMIT THIS FORM	☐ ONE WEEK	☐ TWO WEEKS	☐ OTHER, SPECIFY	PRIOR TO THE TRIP.	
SCHOOL ACSHS	FACULT	TY MEMBER(S) SPO	DISORING TRIP Del	the test or less to the communication of the control of the contro	
TYPE OF TRIP (CHECK ON	E):			7	
☐ Classroom Field T	rip□ Class Trip	(i.e., junior, ser	nior), specify		
Organization/Club	Trip, specify_	Beta NATION	als U Other (ath	nletic, band, if applicable)	
DESTINATION Savannah	International Alb	Made + Con	vention phone (9	12) 447-4000	on alla Aminan
Out of State	Jut of County	☐ Within Cou	nty Savannan, Beol		
Overnight; give na				*me	International
DATE(S) OF TENTS IN 16	man (store	yla NAnoi	nal Beta Com	pertions Sou	lannah GA
PHIDDOGEOCHICATIONAL	WALLE BOTO	ARTURE TIME SU	INC 15 0.00 URETURN T	IME June 20, 6 20 Ly	214
TOM OSE/EDUCATIONAL	VALUE	WATTO BE CO	mermons Acac	pebtions IME June 20, \$2024 SON LEMICS	51 6
SOURCE OF FUNDING FOR					
				limited to, lodging, me	ale
registration, and all o	ther anticipate	d travel expens	es.	minied to, lodging, me	<i>a</i> 15,
NO.	STUDENT SHALL I	BE DENIED THE TR	IP BECAUSE OF AN INA	BILITY TO PAY.	
BILL TRIP EXPENSES TO	D: SPONSORIN	G ORGANIZATIO	N D SCHOOL COUNC	CIL D BOARD D OTHER, SPEC	CIFY
NUMBER OF: STUDENTS _ TOTAL # OF PAR	TO FACULTY	sponsors 2	OTHER CHAPERONI	es_10_	
MODE OF TRANSPORTATI					
IS DISTRICT TRA	O COMMANDA CAND	THE CHARGE	☐ YES, SEE PROCEDU		
PRIVATE VEHI	CLE, IF ALLOWE	D BY POLICY: SPE	CIFY DRIVER(S) Stu	dents will ride w/ pare	nts
SUPERVISION (ATTACH)	LIST OF NAMES	OF ADULTS ACCO	MPANYING STUDENTS	ON TRIP.)	
				nd been designated by	the
principal/designee to	supervise stud	ents? Yes	□ No	nd been designated by	the
				g contact: Debra Rigsby	
Is there an Automated Ex	ternal Defibrillate	or (AED) on site:	Ves DNo If wes v	where:	
				f yes, how are they contact	otod.
	un Emergency	Response Tear	11. 20 165 10 100 1		
School Employee(s) Atte	nding Trip (Pleas	e note beside nam	e if employee is CPR t	rained): * May	solita
Debra lug	Sby				. hus
Shelley Ct	OC			Murte	N has
					y pus Barren Co Littug on Infirmation
(Please use separate sl	heet and attach toal	nis form if more spa	ce is needed to list school	l employees attending)	WINDOW ON
	// //	•		omproyees unenamy).	La Callac Mi
- Jehn	Can				antivaliana
	re of Faculty Spon			Date	
Trip has been □ approved	☐ disapproved. I	Reason for disappro	val		
Signature of Supe	erintendent/Design	ee		Date .	
			erintendent and/or Board	may be required by policy 09.36.	
RELATED PROCEDURE	ES: 09.36 AP.1, 09	.36 AP.21, 09.36 A	P.211, 09.36 AP.212	, as as quantity of powers of the	
				Review/Revised-9/18/2	2023