

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 Greg Dunn

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 Univ ADDRESS University Dr PHONE 270-789-5554☐ Out of State ☐ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging Staying on campus in dormitoryDATE(S) OF TRIP June 11-13, 2024 DEPARTURE TIME 8:30 AM RETURN TIME Approx. 2:00 PM 6/13/24PURPOSE/EDUCATIONAL VALUE Team Basketball CamSOURCE OF FUNDING FOR TRIP Girls Basketball - Boosters* Drop off 6/11
* Pick up 6/13

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, SPECIFYNUMBER OF: STUDENTS 15 FACULTY SPONSORS 3 OTHER CHAPERONESTOTAL # OF PARTICIPANTS 18

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 ☐ NoPerson contacted at venue to discuss EAP: Miranda Denny Person making contact: Greg DunnIs there an Automated External Defibrillator (AED) on site? ☒ Yes ☐ No If yes, where: GymnasiumDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted:Trainer & Supervising Staff on site

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

Greg Dunn - CPRGarry Dewitt - CPRChris Roy - CPR

(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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SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY _____

PRIOR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP K. Humphrey / O. Farri's

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____☒ Organization/Club Trip, specify FCCLA ☐ Other (athletic, band, if applicable) _____DESTINATION 111 FFA Camp Rd ADDRESS FFA Leadership Center PHONE 270 756 2301☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging 111 FFA Camp Rd Hardinsburg, Ky
@ the training centerDATE(S) OF TRIP May 29-31 DEPARTURE TIME 12:00 RETURN TIME 2:30PURPOSE/EDUCATIONAL VALUE Regional FCCLA Officer TrainingSOURCE OF FUNDING FOR TRIP FCCLA Fund

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 2 OTHER CHAPERONES _____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) _____- we would like to
take the school
van / car

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 ☐ NoPerson contacted at venue to discuss EAP: _____ Person making contact: Kathina HumphreyIs 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):

(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 _____

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