

STUDENTS

09.36 AP.21

Overnight**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 C. 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) VolleyballDESTINATION Owensboro Convention Center ADDRESS 501 W 2nd Street PHONE 270-687-8800☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging Courtyard by Marriott3120 Highland Pointe Dr Owensboro KY 42301DATE(S) OF TRIP 8-23 thru 8-24 DEPARTURE TIME 4:00 PM RETURN TIME 6:00 PMPURPOSE/EDUCATIONAL VALUE Apollo Summer Slam on 8/23Volleyball Tournament

SOURCE OF FUNDING FOR TRIP

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 12 FACULTY SPONSORS 4 OTHER CHAPERONESTOTAL # OF PARTICIPANTS 16

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: Maryanne Howard Person making contact: Cameron CookIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Concession StandDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted:Head Coach

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

Cameron Cook
Heather Fowler
Hannah Walker
Natalie Ewing

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

Signature of Faculty Sponsor

Date

6-12-24Trip has been ☐ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee

Date

7/8/24

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

Review/Revised: 9/18/2023

Overnight

STUDENTS

09.36 AP.21

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 C Cook

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify Volleyball Tournament

☐ Organization/Club Trip, specify ☐ Other (athletic, band, if applicable)

DESTINATION Whitley Co High School ADDRESS

PHONE

☐ Out of State ☐ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging Holiday Inn Express or Hampton Inn
Somerset, KY

DATE(S) OF TRIP 9/27 thru 9/28 DEPARTURE TIME 5:00 PM RETURN TIME 6:00 pm

PURPOSE/EDUCATIONAL VALUE Volleyball Tourny on 9/27 on 9/28

SOURCE OF FUNDING FOR TRIP

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 4 OTHER CHAPERONES

TOTAL # OF PARTICIPANTS 16

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: David Halcomb Person making contact: Cameron Cook

Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Concession Stand

Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: Athletic Trainer

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

Cameron Cook
Heather Fowler
Hannah Walker
Chloe Cook

Natalie Ewing

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

Signature of Faculty Sponsor

Date

6-18-24

Trip has been ☐ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee

Date

7/8/24

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

Review/Revised: 9/18/2023