

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 \_\_\_\_\_
- Organization/Club Trip, specify \_\_\_\_\_
- Other (athletic, band, if applicable) Volleyball

DESTINATION Owensboro Convention Center ADDRESS 501 W 2nd Street Owensboro KY 42301 PHONE 270-687-8800

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging Courtyard by Marriott  
3120 Highland Pointe Dr Owensboro KY 42301

DATE(S) OF TRIP 8-23 Aug-24 DEPARTURE TIME 4:00 PM RETURN TIME 6:00 PM

PURPOSE/EDUCATIONAL VALUE Apollo Summer Slam on 8/23  
Volleyball 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, 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: MaryAnne Howard 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: 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] \_\_\_\_\_ Date 6-12-24  
Signature of Faculty Sponsor

Trip has been  approved  disapproved. Reason for disapproval \_\_\_\_\_  
[Signature] \_\_\_\_\_ Date 7/8/24  
Signature of Superintendent/Designee

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 Cook

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip, Class Trip (i.e., junior, senior), specify Volleyball Tournament, Organization/Club Trip, 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 Tourney 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? [x] 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: [x] Yes [ ] No If yes, where: Concession Stand

Does the venue have an Emergency Response Team: [x] 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