

J.R.

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.

A SEATING CHART FOR ALL TRIPS MUST BE SUBMITTED TO THE PRINCIPAL PRIOR TO THE TRIP.

SCHOOL Menifee County High FACULTY MEMBER(S) SPONSORING TRIP Nicole Wolford

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☒ Class Trip (i.e., junior, senior), specify 8th Grade
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION Washington, D.C. ADDRESS _____ PHONE _____

- ☒ Out of State ☐ Out of County ☐ Within County

☐ Overnight; give name, address, phone of lodging Hampton Inn & Suites Fort Belvoir
8843 Richmond Hwy, Alexandria, VA 22309 (703) 619-7026

DATE(S) OF TRIP 3/12-15/25 DEPARTURE TIME 5:30 AM RETURN TIME 11:30 pmPURPOSE/EDUCATIONAL VALUE Educational TripSOURCE OF FUNDING FOR TRIP Students \$ 8th grade funds

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 40-47 FACULTY SPONSORS 4-6 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 44-53

FOOD SERVICE: ARE MEALS TO BE PROVIDED BY FOOD SERVICE?

☒ NO ☐ YES, # OF STUDENTS _____ - COMPLETE PAGE 2 AND SUBMIT 2 WEEKS PRIOR TO TRIP

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES, SEE PROCEDURE 09.36 AP.212.☒ CERTIFICATED COMMON CARRIER; SPECIFY Deluxe Motor Coach☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

☐ YES ☐ NO I HAVE AN EVENT-SPECIFIC EMERGENCY ACTION PLAN FOR THE TRIP SITE AND WILL
DISTRIBUTE TO ALL PERSONNEL ATTENDING THE EVENT IN AN OFFICIAL CAPACITY.

Have all chaperones undergone the required records check and been designated by the
principal/designee to supervise students? ☒ Yes ☐ No

Nicole Wolford
Signature of Faculty Sponsor

7/31/24
Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Jeana Head
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.

**Event Specific Emergency Action Plan (EAP) for School Sanctioned
Nonathletic Event Held Off-Campus**

Destination/Venue Washington DC

Venue Address: _____

Person or email contacted at venue to discuss EAP Caren Gardner / Freedom Tours

Position/title of person contacted Tour contact & Guide

Date(s) of contact 8/2/24 zoom meeting

Is there an Automatic External Defibrillator (AED) on site? ☒ yes ☐ no

If yes, where is it located. Several throughout the different visitation locations

Does venue have an emergency response team (ERT)? ☐ yes ☐ no

Process to request AED and/or ERT if needed at the scene: _____

Will a portable AED be taken from school on this trip? ☒ yes ☐ no

If yes, who will be responsible for oversight and location of AED? Nicole Wolford

Is any other assigned emergency equipment available on field trip? _____

If yes, list location of equipment: _____

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- Location of AEDs;
- If possible, how to gain access;
- Steps that must be taken quickly to initiate the chain of survival:
 - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing).
 - Call 9-1-1 using cell phone or other means of communication.
 - Begin Hands only CPR (push hard and fast in center of chest about 100 times/minute).
 - Retrieve and use the nearest Automated External Defibrillator (AED).
 - Continuing supporting the victim until the local EMS arrives and takes over care.
 - Direct EMS to the scene.

Review/Revised: 8/16/2023



Freedom Tours Group Tour Agreement and Policy

THIS AGREEMENT MADE this the 31st day of August 2024, by and between Menifee County High School ("GROUP") and Freedom Tours, LLC.

NOW, THEREFORE, IT IS AGREED AS FOLLOWS:

1. Trip Details for Group:

Contact Name: Nicole Wolford
Tour Dates: March 12 – 15, 2025
Tour Destination: Washington, DC

2. Tour Description: Educational trip to Washington DC (see attached itinerary)

3. Payment Terms and Conditions of the Agreement:

- a. Price per Student: \$939
- b. \$987 per person will be collected through the trip portal. Freedom Tours will send the group the difference between the actual trip price and the collected amount.
- c. Participants will make online payment as follows:
 - \$75 deposit due to reserve a seat on the trip
 - \$152.00 payment due by September 10, 2024
 - \$152.00 payment due by October 10, 2024
 - \$152.00 payment due by November 10, 2024
 - \$152.00 payment due by December 10, 2024
 - \$152.00 payment due by January 10, 2025
 - Final payment due by February 10, 2025

	Actual Price			Rounded-up Price	
	Student	Adult		Student	Adult
Quad	939	958	Quad	987	1006
Triple	984	1003	Triple	1032	1051
Double	1085	1104	Double	1133	1152
Single	n/a	1322	Single	n/a	1370

- e. GROUP shall provide hotel rooming list to Freedom Tours no later than February 3, 2025.
- f. Should GROUP add additional people to rooming list after such date Freedom Tours will make every effort to increase reservation counts with all vendors but cannot guarantee an increase in participants is possible.

4. Trip Inclusions:

- a. Trip includes round-trip transportation on deluxe motor coach, 3 hotel nights, overnight security, Monticello, US Capitol tour (pending availability), group photo, Washington National Cathedral (pending availability), Arlington Cemetery tram tour, Ford's Theatre (pending availability), Smithsonian Museums, Library of Congress (pending availability), monuments and memorials, 3 breakfasts, 4 lunches, 4 dinners, qualifying chaperone expenses (see 7b), Freedom Tours travel director, driver room and driver gratuity.

5. Cancellation:

- a. Should GROUP cancel entire trip prior to November 30, 2024, all deposits will be refunded by Freedom Tours. Cancellation of trip on or after such date may result in loss of deposits.
- b. This agreement is between Freedom Tours and GROUP.
- c. Freedom Tours recommends GROUP suggests that each participant purchase trip insurance in case of unavoidable cancelation by participant.

