

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 n/a

TYPE OF TRIP (CHECK ONE):

- [] Classroom Field Trip [] Class Trip (i.e., junior, senior), specify
[] Organization/Club Trip, specify DECA [] Other (athletic, band, if applicable)

DESTINATION Charlotte Convention Center ADDRESS 501 S. College Street PHONE

- [] Out of State [] Out of County [] Within County
[] Overnight; give name, address, phone of lodging Charlotte Marriott City Center
100 W Trade Street Charlotte, NC 28202

DATE(S) OF TRIP 11/15-11/17 DEPARTURE TIME 7:00 am RETURN TIME 8:00 pm

PURPOSE/EDUCATIONAL VALUE DECA Power Trip

SOURCE OF FUNDING FOR TRIP DECA

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 N/A

NUMBER OF: STUDENTS 1 FACULTY SPONSORS 0 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 1

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? [] 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? [] No [] Yes

Person contacted at venue to discuss EAP: TBD Person making contact: Kelsey Petty

Is there an Automated External Defibrillator (AED) on site: [] No [] Yes

Does the venue have an Emergency Response Team: [] No [] Yes

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

n/a
Houston will be chaperoned by Disa Oaks, State DECA advisor.

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

Kelsey Petty
Signature of Faculty Sponsor

9/4/24
Date

Trip has been [] approved [] disapproved. Reason for disapproval

[Signature]
Signature of Superintendent/Designee

9/4/24
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

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 T. Cook J. Pace

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify Marching Band Other (athletic, band, if applicable) _____

DESTINATION Davis Co. HS ADDRESS 4255 New Hart PHONE 270-852-7300

- Out of State Out of County Within County Owensboro, Ky 42303
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 8/19/24 DEPARTURE TIME TBD RETURN TIME TBD

PURPOSE/EDUCATIONAL VALUE Marching band regionals

SOURCE OF FUNDING FOR TRIP Post Season

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 Post Season

NUMBER OF STUDENTS 90 FACULTY SPONSORS 2 OTHER CHAPERONES 2
TOTAL # OF PARTICIPANTS 94

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: Nate Clark Person making contact: Tyler Cook

Is 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: EMS

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

- Tyler Cook _____
- Josh Pace _____
- Matt McQuinn _____
- Miranda Cook _____

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

Tyler Cook
Signature of Faculty Sponsor

8/22/24 8/21/24
Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

8/23/24
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

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 APS HS FACULTY MEMBER(S) SPONSORING TRIP OVR

TYPE OF TRIP (CHECK ONE):

- [x] Classroom Field Trip [] Class Trip (i.e., junior, senior), specify MSD classes
[] Organization/Club Trip, specify [] Other (athletic, band, if applicable)

DESTINATION Nashville Zoo ADDRESS 3777 Nolensville PHONE (615) 833-1534

- [x] Out of State [] Out of County [] Within County PK
[] Overnight; give name, address, phone of lodging

DATE(S) OF TRIP Oct 24 DEPARTURE TIME 8:00 am RETURN TIME 2:15

PURPOSE/EDUCATIONAL VALUE learn about jobs at the zoo.

SOURCE OF FUNDING FOR TRIP Community Work transition

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 [x] OTHER, SPECIFY Community Work transition

NUMBER OF: STUDENTS 25 FACULTY SPONSORS 12 OTHER CHAPERONES
TOTAL # OF PARTICIPANTS 37

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? [] NO [x] 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: Kendra Person making contact: Brittany Grimes

Is there an Automated External Defibrillator (AED) on site: [x] Yes [] No If yes, where:

Does the venue have an Emergency Response Team: [x] Yes [] No If yes, how are they contacted: radio

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

- Brittany Grimes Jane Russell
Hannah Walker Amanda Clark
Laura Rector Peyton Fisher Heather Harwood

Kathie Kirtley Becky Poteher, Brittany Walker, Abby Desmond, Laura Dyer,
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Signature of Faculty Sponsor

8/19/24 Date

Trip has been [x] approved [] disapproved. Reason for disapproval
Signature of Superintendent/Designee 8/21/24 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

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)

SUBMIT THIS FORM [] ONE WEEK [] TWO WEEKS [X] OTHER, SPECIFY 5 days PRIOR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Chris Ray

TYPE OF TRIP (CHECK ONE):

- [] Classroom Field Trip [] Class Trip (i.e., junior, senior), specify
[] Organization/Club Trip, specify 400 East Byers Avenue [X] Other (athletic, band, if applicable) Girls Golf

DESTINATION Owensboro, KY ADDRESS 400 East Byers Ave. PHONE 270-683-6265

- [] Out of State [] Out of County [] Within County
[X] Overnight; give name, address, phone of lodging Holiday Inn Owensboro Livefront
701 W. 155 Street Owensboro, KY 42301 270-704-4180

DATE(S) OF TRIP 9/8-9/9 DEPARTURE TIME 8:30 AM RETURN TIME 8 PM

PURPOSE/EDUCATIONAL VALUE 2A State Golf Championship

SOURCE OF FUNDING FOR TRIP Activity Act. + Bond Act.

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: [X] SPONSORING ORGANIZATION [] SCHOOL COUNCIL [] BOARD [] OTHER, SPECIFY

NUMBER OF: STUDENTS 5 FACULTY SPONSORS 1 OTHER CHAPERONES 0
TOTAL # OF PARTICIPANTS 6

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? [] NO [] YES, SEE PROCEDURE 09.36 AP.212.
[] CERTIFICATED COMMON CARRIER; SPECIFY
[X] PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Parents + Drivers on file.

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: Glen Person making contact: Chris Ray

Is there an Automated External Defibrillator (AED) on site: [X] Yes [] No If yes, where: Clubhouse

Does the venue have an Emergency Response Team: [] Yes [] No If yes, how are they contacted: 911

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

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

Signature of Faculty Sponsor

Date 9/3/24

Trip has been [X] approved [] disapproved. Reason for disapproval
Signature of Superintendent/Designee Date 9/3/24

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

Approved prior to event by Mr. Hamby Review/Revised: 9/18/2023
on 9/4/24.