

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 ACSHS FACULTY MEMBER(S) SPONSORING TRIP Adam Crabtree

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Tennessee Tech University ADDRESS Cookeville, TN PHONE _____

- ☒ Out of State ☐ Out of County ☐ Within County
- ☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 11/7, 11/8, 11/9 DEPARTURE TIME 7:00AM RETURN TIME 5:00PMPURPOSE/EDUCATIONAL VALUE Compete in the WCTE Academic Bowl at Tennessee Tech UniversitySOURCE OF FUNDING FOR TRIP Gifted + Talented

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 Gifted + TalentedNUMBER OF: STUDENTS 6 FACULTY SPONSORS _____ OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 1

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.) Adam Crabtree

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: Sarah Savage Person making contact: Adam CrabtreeIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: see attachedDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: see attached

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

Adam CrabtreeRequest to use District SUV

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

Adam Crabtree
Signature of Faculty Sponsor

9-5-24

Date

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

[Signature]
Signature of Superintendent/Designee

9/6/24

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)

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☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY

PRIOR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Debra Rigsby

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify☒ Organization/Club Trip, specify BETA ☐ Other (athletic, band, if applicable)DESTINATION Lexington Center ADDRESS Vine St. PHONE☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging Springhill Suites Lexington - 863 South Broadway
Lexington KY 40504 859-225-1500DATE(S) OF TRIP Jan. 12th, 2025 DEPARTURE TIME 7:30 Am RETURN TIME Jan 14, 2025 4pmPURPOSE/EDUCATIONAL VALUE State Beta ConventionSOURCE OF FUNDING FOR TRIP Club Funds

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 50 FACULTY SPONSORS 5 OTHER CHAPERONES 2
TOTAL # OF PARTICIPANTS

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: Lindsay Abramson Person making contact: D. RigsbyIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Main Concourse Section 34Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted:
859-253-6222

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

Debra Rigsby
Cheryl Rough
Shelly Cook
Todd StampsChelly Stamps

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

Cheryl Rough

Signature of Faculty Sponsor

9.10.24

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

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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☒ OTHER, SPECIFY one month PRIOR TO THE TRIP.SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Maggie Calvert

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 _____ ADDRESS _____ PHONE _____

☐ Out of State ☐ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging Embassy Suites 1801 Newtown Pike
Lexington, KY 40511 859-455-5000DATE(S) OF TRIP 11/7 - 11/2 DEPARTURE TIME 9:00am RETURN TIME 3:00pm on 11/2PURPOSE/EDUCATIONAL VALUE KHSAA State Cross Country meetSOURCE 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 _____NUMBER OF: STUDENTS 7 FACULTY SPONSORS 2 OTHER CHAPERONES 1TOTAL # OF PARTICIPANTS 10

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) _____Driver -
Todd
Stamps

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: Sarah Bridenbaugh Person making contact: Maggie CalvertIs there an Automated External Defibrillator (AED) on site? ☒ Yes ☐ No If yes, where: Emergency TentDoes 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):

Maggie Calvert Yes
Hart Conrad Yes
Todd Stamps Yes

(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

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 Chris Roy

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 Hopkinsville Golf C.C. ADDRESS 303 County Club Ln PHONE 270-886-0232

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

☒ Overnight; give name, address, phone of lodging Holiday Inn & Suites100 Tilley Way Hopkinsville, KyDATE(S) OF TRIP 9/30 - 10/1 DEPARTURE TIME 3:30 (9/30) RETURN TIME 7:30 pm (10/1)PURPOSE/EDUCATIONAL VALUE KHSAA Girls Golf State ChampionshipSOURCE OF FUNDING FOR TRIP Postseason

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 1 FACULTY SPONSORS 1 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS _____

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) _____*NO BUS NEEDED*SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Brian & Laura Carter

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: _____ Person making contact: _____

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: _____

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

Chris Roy

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

Chris Roy
Signature of Faculty Sponsor9/27/24

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____[Signature]
Signature of Superintendent/Designee9/27/24
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

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PRIOR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Natalie Ewing

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 Frist Art Museum ADDRESS _____ PHONE _____

- ☒ Out of State ☐ Out of County ☐ Within County
☐ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 10/25/24 DEPARTURE TIME 8:30 RETURN TIME 2:30PURPOSE/EDUCATIONAL VALUE Students will explore and learn about the rise & impact of Japanese graphics throughout history.SOURCE OF FUNDING FOR TRIP Students get in free. Art Dept. Activity 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 28 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 30

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: Veronica de la Cruz Person making contact: Natalie EwingIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: "Several AED's on site"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):

Natalie Ewing (CPR Cert.)

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

Natalie Ewing
Signature of Faculty Sponsor

Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____[Signature]
Signature of Superintendent/Designee9/25/24
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

Itinerary

10/25/24

8:30 a.m. - Leave school

10:00 a.m. - Arrive at the Frist Museum
Check in (18 & under admission is free)

10:15 - View exhibition

12:00

12 - 1 p.m. - lunch - Mall (Students bring money)

2:30 p.m. - Return to ACS

Adults Attending

- Natalie Ewing

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