

**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 ACIC FACULTY MEMBER(S) SPONSORING TRIP Emily Chapman

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 \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

- Out of State  Out of County  Within County
- Overnight; give name, address, phone of lodging The Campbell House Lexington  
1375 S. Broadway Lexington Ky 40504

DATE(S) OF TRIP Jan 15 - Jan 17 DEPARTURE TIME 3:30 RETURN TIME 5:00

PURPOSE/EDUCATIONAL VALUE Jr. Beta Competition

SOURCE OF FUNDING FOR TRIP Beta Activity Acct.

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 Beta Activity Acct.

NUMBER OF: STUDENTS 28 FACULTY SPONSORS 5 OTHER CHAPERONES \_\_\_\_\_  
TOTAL # OF PARTICIPANTS 33

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: Tracy Morales Person making contact: Emily Chapman

Is there an Automated External Defibrillator (AED) on site:  Yes  No If yes, where: Multiple throughout

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

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

Emily Chapman \_\_\_\_\_ Meghan Gantt \_\_\_\_\_  
Jeremy Simmons \_\_\_\_\_  
Jeney Blairship \_\_\_\_\_  
Wes Williams \_\_\_\_\_

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

Emily Chapman \_\_\_\_\_ 11-16-24 \_\_\_\_\_  
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