

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 Greg Dunn

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Westonoverland High School ADDRESS PHONE

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

DATE(S) OF TRIP 1-7-2025 DEPARTURE TIME 4:45 pm RETURN TIME 9:00 pm

PURPOSE/EDUCATIONAL VALUE Girls Varsity Basketball Game

SOURCE OF FUNDING FOR TRIP Girls Basketball

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 15 FACULTY SPONSORS 3 OTHER CHAPERONES TOTAL # OF PARTICIPANTS 18

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: EJ Perry Person making contact: Greg Dunn Is there an Automated External Defibrillator (AED) on site: [X] Yes [] No If yes, where: gymnasium

Does the venue have an Emergency Response Team: [X] Yes [] No If yes, how are they contacted: onsite trainer + School Admin, 900

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained): Greg Dunn - CPR Garry DeWitt - CPR Chris Roy - CPR

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

Signature of Faculty Sponsor Greg Dunn Date 11-6-2024

Trip has been [X] approved [] disapproved. Reason for disapproval Signature of Superintendent/Designee Date 11/7/24

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

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 ACCC FACULTY MEMBER(S) SPONSORING TRIP Todd Stamp

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Southern High School ADDRESS 8620 Preston Highway PHONE (502) 485-8320

- [] Out of State [X] Out of County [] Within County Louisville Ky
[X] Overnight; give name, address, phone of lodging Holiday INN Express 6581
Paramount Park Drive Louisville KY 40213

DATE(S) OF TRIP 11/21-11/22/24 DEPARTURE TIME 4:30 pm RETURN TIME 4:30 pm

PURPOSE/EDUCATIONAL VALUE Students to compete at a Toyota Hand-on Skills Competition

SOURCE OF FUNDING FOR TRIP Automotive Program

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 Automotive

NUMBER OF: STUDENTS 2 FACULTY SPONSORS 1 OTHER CHAPERONES
TOTAL # OF PARTICIPANTS

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: Robert Nolan Person making contact: Robert Nolan (502) 564 4286

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

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

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

Todd Stamp

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

Todd Stamp Signature of Faculty Sponsor 10/14/24 Date

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

Signature of Superintendent/Designee 10/14/24 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 [] OTHER, SPECIFY 6 months PRIOR TO THE TRIP.

SCHOOL ACS HS FACULTY MEMBER(S) SPONSORING TRIP O. FARRIS

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Orlando Florida ADDRESS PHONE

- [x] Out of State [] Out of County [] Within County

[x] Overnight; give name, address, phone of lodging Disney Resort

DATE(S) OF TRIP 4-23 / 4-29 DEPARTURE TIME Depends on Flight RETURN TIME

PURPOSE/EDUCATIONAL VALUE Students will be competing + learning from top celebrity chefs + World Best Chefs + Culinary Instructors of multiple universities

SOURCE OF FUNDING FOR TRIP Fundraising

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 17 FACULTY SPONSORS 1 OTHER CHAPERONES 1
TOTAL # OF PARTICIPANTS 19

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? [x] 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: Michele Roman Person making contact: OFARRIS

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:

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

Blank lines for listing attending school employees.

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

Signature of Faculty Sponsor

Date 10-30-24

Trip has been [x] 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.

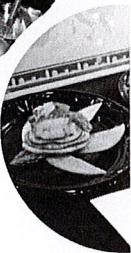
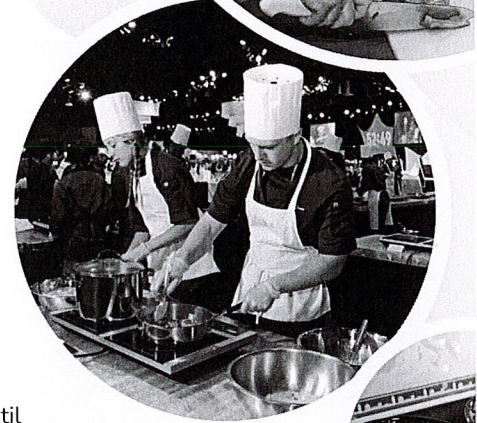
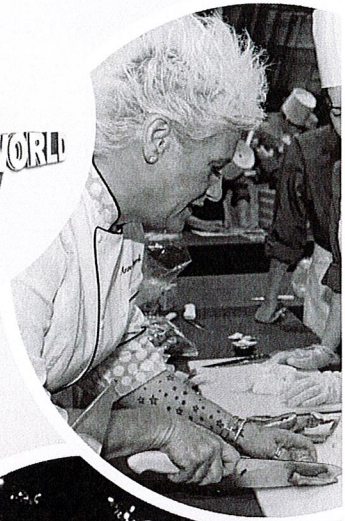
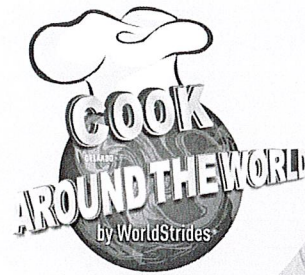
RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Allen County Scottsville High School

April 23- April 29, 2025

Disney's Pop Century Resort Orlando, FL

Cook Around The World is a World Class Vacations by WorldStrides Event (WCV).
WCV is the Top Overall Producer in Student Travel for the Walt Disney World® Resort



PRICING INCLUDES:

- Six (6) Night Resort Accommodations at Disney's Pop Century Resort (or similar Disney property)
- Five (5) Day Disney Park Hopper® Ticket to All Four (4) Disney Theme Parks
- Hands-On Culinary Improv Competition in Epcot® (Enjoy small bites prepared by competing students)
 - Learn from a Top 'Celebrity Chef' and some of the World's Best Chefs and Culinary Instructors
 - Choose whether your team wants their food adjudicated as part of the competition or cook for fun!
- International Gala Dinner & Career Forum with Special Guest Speakers
 - Hear from Speakers such as Disney's Resort Management Team, Culinary Professionals and our 'Celebrity Chef'
 - Includes Open Q&A discussion with each speaker
 - Visit with representatives from the top Hospitality/Restaurant Management Colleges
 - Visit with representatives from Disney College Program and Disney Culinary Program
- Trip Cancellation Protection- Cancel with a full refund less \$150 per person initial deposit, up until seven (7) days prior to departure day; covers medical issues, injury, or illness, which prevents trip participation (Medical Doctor Verification Required) COVID-19 and Pandemic Coverage with 100% Refund Guarantee (ask for details)
- \$125 Disney Dining Card
- All transportation in Orlando between resort, and all seminars, sessions, events, and theme parks per trip itinerary
- Cook Around The World by WorldStrides Chef Coat
- Services of Our Event Staff
- All packages are inclusive of Taxes and Service Fees

Final documents, including Disney Park Hopper® Ticket and Disney Resort Reservation Numbers, will be available at least 30 days prior to traveling.
A park reservation will be required for park admission.

PACKAGE COST	QUAD	TRIPLE	DOUBLE	SINGLE
PER PERSON RATE	\$1,714	\$1,837	\$2,089	\$2,826

PAYMENT SCHEDULE

Checks or Money Orders are payable to "World Class Vacations" | 7540 Windsor Drive, Suite 202, Allentown, PA 18195 | 1.800.222.4432

- **FIRST DEPOSIT** (check or money order) of \$200.00 per person is due in our office no later than **November 8, 2024**. Refundable until December 6, 2024 'For Any Reason'
- **SECOND DEPOSIT** of \$300.00 per person is due in our office no later than **December 6, 2024**
- **FINAL BALANCE** due in our office no later than **February 7, 2025**

CANCELLATION POLICY

- Notice of cancellation received in our office prior to **December 6, 2024** will incur **NO PENALTY**
- Notice of cancellation received in our office between **December 6, 2024** and **February 7, 2025** will incur a \$500.00 PER PERSON PENALTY
- Notice of cancellation received in our office between **February 27, 2025** and departure date will incur a full penalty of package cost and receive **NO REFUND**

TERMS AND CONDITIONS The trip is under the operation and management of World Class Vacations by WorldStrides (Travel Provider), who will be responsible for supplying all the services outlined in this agreement, except to the extent that supplying such services as outlined cannot be supplied due to causes beyond the control of World Class Vacations. In the absence of negligence by World Class Vacations, School and their participants waive any claims for any damages, loss of property, or injury due to acts of negligence of any resort or any other person or company rendering services for this trip. The same understanding would apply for any optional air transportation provided by any airline. Should World Class Vacations not be able to supply trip inclusions as outlined in this agreement, an appropriate refund will be provided for services not delivered to trip participants. Walt Disney World has the right to change venues and itinerary at their discretion. World Class Vacations reserves the right to cancel the 'Cook Around The World' event should their required participation minimum not be reached by December 8, 2023, in which case, all monies collected will be returned in full and World Class Vacations will have no further obligation.