

**Executive Charter, Inc.**  
1810 Monmouth St. Newport KY 41071  
859-261-8841  
reservations@executivetransportation.org

Account Name: **HIGHLANDS HIGH SCHOOL / BUCHER** Acct ID: **8152608**

Address: **2400 MEMORIAL PARKWAY FT. THOMAS, KENTUCKY 41075**

Client Contact: **LANCE BUCHER** Phone#: **8598152608**

<b>1/9/2025 7:30:00AM</b>	HIGHLANDS HIGH SCHOOL	Confirmation# <b>3058815</b>
MOTOR COACH 47	<b>FROM:</b> HIGHLANDS / COOPER / RYLE	<b>FARE:</b> \$1,475.00
	<b>TO:</b> KENTUCKY DERBY MUSEUM: 704 CENTRAL AVE.	<b>TIPS:</b> \$50.00
	LOUISVILLE, KY 40208	
<b>TRIP REMARKS:</b>		
WAIT & RETURN; HIGHLANDS: 2400 MEMORIAL PKWY. FT. THOMAS, KY 41075 /		
COOPER: 2855 LONGBRANCH RD. UNION KY 41091 / RYLE: 10379 US-42, UNION,		
KY 41091		<b>Total Fare</b> \$1,525.00

**Invoice Total: \$1,525.00**

**DEPOSIT:** A \$100 deposit per motorcoach is required to reserve service. To avoid cancellation, the balance of the payment is due thirty (30) days prior to the event. If balance is not paid in full 30 days prior, trips can be cancelled without notice to fulfill company needs.

**CANCELLATION:** We have a 2 week cancellation policy. Cancellation less than two (2) weeks prior to service will result in forfeiture of all monies paid.

**PAYMENTS:** We accept credit card, check or EFT. Please make checks payable to: Executive Charter, Inc.

**CREDIT CARD PROCESSING FEE:** A processing fee of 3% will be added to all credit card payments.

**PAST DUE AMOUNTS:** A Finance Charge of 2% Per Month, 24% Annual Percentage Rate will be charge on all past due accounts.

**PRICE VARIATIONS:** The price quoted above is from terminal to terminal and is based upon the information originally given. Any changes may affect the original price quote.

**AMENITIES** such as wi-fi, PA system, electrical outlets, DVD players and TV monitors are provided at no charge. Therefore no refund will be issued for the failure of such amenities.

**DAMAGE AND CLEAN UP FEES:** If excessive clean up is required there will be an additional charge of \$250. You will be liable for any damage caused by the passengers of the bus.

**ITINERARY:** A specific itinerary is required 2 weeks before the trip, listing all locations and expected times for the driver(s).

**NOTES:** Please check the information above regarding your trip. Please contact us with any changes, corrections, or additions to your itinerary. Our staff is anxious to help you.

Please sign and return with your deposit to ensure your coach reservation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Field Trip Planning Form**

This form is to be used when students take any trip off campus for school purposes.

School: Ryle HS Grade(s): 9-12 Class/Activity Group/Team: Fashion 2/3  
 Teacher/Sponsor/Coach: Susan DeWes Cell Phone Number: 859-620-3787  
 Person trained with current medication administration training CPR/FA/AED credential: Susan DeWes

(Ky Derby Museum)  
 Destination Venue, Location and State: Churchill Downs Louisville, Ky  
 Trip Location Contact Person: Emily Dippie Phone Number: (502) 637-1111

# Teachers: 1 # Students: 10-12 # Chaperones: \_\_\_\_\_ Adult/Student Ratio: 1:12

Date(s) & Times		Cost	Transportation
Departure Date: <u>11/9/2025</u>		Total Cost: \$ <u>600</u>	<input type="checkbox"/> District Bus/Van
Time: <u>8:00</u> AM/PM		Funding Source: <u>LAVEC / CTE Funds</u>	<input checked="" type="checkbox"/> Charter Bus: <u>Executive Charter</u>
Return Date: <u>11/9/2025</u>		Fee to be assessed to students: \$ <u>7.00</u>	Approved Bid – Company Name <u>Sharing w/ Highlands HS + Cooper HS</u>
Time: <u>4:00</u> AM/PM		Attach Student Activity Cost Form 09.15 AP.23	<input type="checkbox"/> Other: _____ Attach a copy of Charter Bus Contract.
<b>Meals</b>	At school prior to departure <input type="checkbox"/>	Student Packed <input type="checkbox"/>	Location where packed lunches will be consumed: _____
	Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop)	Name & Location: <u>TBD</u>	
<b>Over Night</b>	Date: _____	Lodging: _____	
	Date: _____	Lodging: _____	

Trip Purpose and Core Content/learning targets: Fashion Culture in Ky / Hat workshop

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: \_\_\_\_\_

If any medication is listed on the parent permission form, someone must be identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to Central Office for Board consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized.

Name of trained administrator(s) of routine and emergency medications: Susan DeWes

School Nurse Initials: SLW for verification that medications administrator listed above received training.

Due Date: \_\_\_\_\_ to turn in Roster and completed Parent Permission Slips for nurse's final review.

The following items have been completed or are in process. (Teacher/Sponsor/Coach must initial below)

- N/A I have viewed the field trip video for teachers/sponsors/coaches found on the district website
- SLD I have attached an anticipated Trip Itinerary
- SLD I have evaluated the trip site for potential hazards/special requirements
- SLD 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.
- SLD Funds have been secured for indigent students
- SLD If needed, background checks for chaperone approval have been initiated
- SLD Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for KY trips and states where approved, nurse, or parent attending):

Teacher/Sponsor/Coach Signature: [Signature] Date: 11/14/2024

**School-Related Student Trip Request Form****EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)****FOR****ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**Destination/Venue Churchill Downs - Ky Derby MuseumVenue Address 704 Central Ave Louisville, Ky 40208Person or email contacted at venue to discuss EAP Emily DippiePosition/Title of person contacted Curator of EducationDate (s) of contact 10/24/2024Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? Back Doors + 2nd Floor ExhibitsDoes venue have an emergency response team (ERT) ☒ yes ☐ no?Process to request AED and/or ERT if needed at the scene The team will carry radios. In the instance of an emergency an all call can be sent.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? \_\_\_\_\_Is any other assigned emergency equipment available on field trip? ☐ yes ☒ no

If so, 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 911 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 AED.
  - Continuing supporting the victim until the local EMS arrives and takes over care; and
  - Direct EMS to the scene.

**○ APPROVAL SIGNATURES REQUIRED**

- **CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES**

○ Principal: [Signature] Date: \_\_\_\_\_

○ ☐ Required for all trips

○ Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

○ ☐ Overnight Trips

○ Board of Education: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

○ Submit forms to Superintendent/Designee for review and submission to the Board for approval.

○ ☐ Travel outside the Tri-State area of KY, OH, IN

○ ☐ Common Carrier contract including cost

○ ☐ Common Carrier Transportation Reason for using a Charter Bus/Plane: \_\_\_\_\_

○ All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.

### **Derby Fashion Field Trip Itinerary**

January 9, 2025

Departure from Ryle HS 8:00 AM

KY Derby Museum 10:30-1:30

Lunch - following conclusion of Museum visit -

(Food Options: St. Matthews Mall Food Court OR Fast Food LaGrange Exit)

Return to Ryle ~ approx 4:00 PM

Cost: \$360 total

\$7 per student (covers hat decorating), General Field Trip Exhibit free in January

Emergency Management/ AED Info:

1. Yes, we have 2 AEDs on site. One is at our back doors and one is located in the 2<sup>nd</sup> floor exhibits.
2. Yes, it is regularly checked by our security manager.
3. Yes, we have a team trained in CPR and led by our Security Manager.
4. The team all carry radios. In the instance of an emergency an all call can be sent.

From Emily Dippie, Curator of Education

Contact Made on 10/24/24

### **Update - 11/12 -**

- Executive Charter is booked for 1/9/25
- \$1525 total -
- Picking up HHS at 7:30 and then will pick up Ryle/Cooper

**Field Trip Planning Form****E-MAILED**11/13/24

EW

This form is to be used when students take any trip off campus for school purposes.

School: Cooper Grade(s): 12 Class/Activity Group/Team: Fashion 2/3  
 Teacher/Sponsor/Coach: Knight Cell Phone Number: 5025529256  
 Person trained with current medication administration training CPR/FA/AED credential \_\_\_\_\_

Destination Venue, Location and State: Derby MuseumTrip Location Contact Person: Emily Pippie Phone Number: 5028143026# Teachers: 1 # Students: 8 # Chaperones: 1 Adult/Student Ratio: 1:8

Date(s) & Times		Cost	Transportation
Departure Date: <u>Jan 9 2025</u>		Total Cost: \$ <u>600</u>	<input type="checkbox"/> District Bus/Van
Time: <u>9</u> <u>AM</u> / <u>PM</u>		Funding Source: <u>LAVEC / CTE Funds</u>	<input checked="" type="checkbox"/> Charter Bus:
Return Date: <u>Jan 9 2025</u>		Fee to be assessed to students:	<u>TBD sharing w/ Highlands</u>
Time: <u>4</u> <u>AM</u> / <u>PM</u>		\$ <u>5</u>	Approved Bid – Company <u>Pyke</u>
		Attach Student Activity Cost Form 09.15 AP.23	Name _____
			<input type="checkbox"/> Other: _____
			Attach a copy of Charter Bus Contract.

  

<b>Meals</b>	At school prior to departure <input type="checkbox"/>	Student Packed <input type="checkbox"/>	Location where packed lunches will be consumed: _____
	School Cafeteria Packed <input type="checkbox"/>		
	Student Purchase Restaurant <input checked="" type="checkbox"/>	Name & Location: <u>TBD Louisville, KY</u>	
	(Name and location of each stop)	Name & Location: _____	
<b>Over Night</b>	Date: _____	Lodging: _____	
	Date: _____	Lodging: _____	

Trip Purpose and Core Content/learning targets: Research skills, training opportunities related to Fashion Interior design careers  
 Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: alternate assignment given if needed.

If any medication is listed on the parent permission form, someone must be identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to Central Office for Board consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized.

Name of trained administrator(s) of routine and emergency medications: Caylen KnightSchool Nurse Initials: [Signature] for verification that medications administrator listed above received training.Due Date: 12/18/24 to turn in Roster and completed Parent Permission Slips for nurse's final review.

The following items have been completed or are in process. (Teacher/Sponsor/Coach must initial below)

- N/A I have viewed the field trip video for teachers/sponsors/coaches found on the district website  
☒ I have attached an anticipated Trip Itinerary  
☒ I have evaluated the trip site for potential hazards/special requirements  
☒ 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.  
☒ Funds have been secured for indigent students  
☒ If needed, background checks for chaperone approval have been initiated  
☒ Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for KY trips and states where approved, nurse, or parent attending):

Teacher/Sponsor/Coach Signature: Caylen Knight Date: 11/12/24

**School-Related Student Trip Request Form****EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)****FOR****ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**

Destination/Venue Derby Museum  
 Venue Address 704 Central Ave Louisville KY 40208  
 Person or email contacted at venue to discuss EAP Emily Dippie  
 Position/Title of person contacted Curator of Education  
 Date (s) of contact 10/24/24

Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? \_\_\_\_\_

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

Process to request AED and/or ERT if needed at the scene an all call can be sent to any team member w/ radio

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? \_\_\_\_\_

Is any other assigned emergency equipment available on field trip? ☐ yes ☒ no

If so, list location of equipment n/a

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 911 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 AED.
  - Continuing supporting the victim until the local EMS arrives and takes over care; and
  - Direct EMS to the scene.

**○ APPROVAL SIGNATURES REQUIRED**

- **CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES**

○ Principal: Annmarie Wilson Date: 11/12/24

○ ☐ Required for all trips

○ Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

○ ☐ Overnight Trips

○ Board of Education: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

○ Submit forms to Superintendent/Designee for review and submission to the Board for approval.

○ ☐ Travel outside the Tri-State area of KY, OH, IN

○ ☐ Common Carrier contract including cost

○ ☐ Common Carrier Transportation Reason for using a Charter Bus/Plane: \_\_\_\_\_

○ *All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.*