

Field Trip Planning Form

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

School: **012 Thornwilde** Grade(s): 5 Class/Activity Group/Team: 5th Grade
 Teacher/Sponsor/Coach: Nielson Cell Phone Number: 801-824-8233
 Person trained with current medication administration training CPR/FA/AED credential Murray, Nielson, Schobert, CFM
 Destination Venue, Location and State: National Museum of US Air Force
1100 Spaatz St. Dayton OH 45433
 Trip Location Contact Person: Bethany Kilbourne Phone Number: 937 255 8048
 # Teachers: 5 # Students: 100 # Chaperones: unlimited Adult/Student Ratio: 1:20
Not riding bus

Date(s) & Times		Cost	Transportation
Departure Date: <u>April 16</u>		Total Cost: \$ <u>2950</u>	<input type="checkbox"/> District Bus/Van
Time: <u>7:45</u> AM/PM <u>AM</u>		Funding Source: <u>5th Grade Field Trip</u>	<input checked="" type="checkbox"/> Charter Bus: <u>Executive Charter Inc</u>
Return Date: <u>April 16</u>		Fee to be assessed to students:	Approved Bid – Company Name
Time: <u>5:00</u> AM/PM <u>PM</u>		\$ <u>32.00</u>	<input type="checkbox"/> Other: _____
		<i>Attach Student Activity Cost Form 09.15 AP.23</i>	<i>Attach a copy of Charter Bus Contract.</i>
Meals	At school prior to departure <input type="checkbox"/> Student Packed <input checked="" type="checkbox"/> Location where packed lunches will be consumed: <u>Museum</u>		
	School Cafeteria Packed <input checked="" type="checkbox"/>		
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location: <u>N/A</u>	
Over Night	Date: <u>N/A</u>	Lodging: _____	
	Date: _____	Lodging: _____	

Trip Purpose and Core Content/learning targets: Science / HistorySpecial Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: N/A

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: Murray, Nielson, SchobertSchool Nurse Initials: hb for verification that medications administrator listed above received training.Due Date: 3/24/25 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: [Signature] Date: Jan 22, 2025

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

Destination/Venue National Museum of the US Air Force
 Venue Address 1100 Spaatz St OH 45433
 Person or email contacted at venue to discuss EAP Bethany Kilbourne
 Position/Title of person contacted MUT Summer Hire
 Date (s) of contact July 30
 Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no?
 If yes, where is it located? AED's Located in each gallery
 Does venue have an emergency response team (ERT) yes ☐ no? ☒
 Process to request AED and/or ERT if needed at the scene self serve

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? N/A
 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:**Date:**1-22-25☐ 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.

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

Account Name: **THORNWILDE ELEMENTARY SCHOOL** Acct ID: **5863900**

Address: **1760 ELMBURN LANE HEBRON, KENTUCKY 41048**

Client Contact: **JANA NIELSON** Phone#: **8595863900**

4/16/2025 7:30:00AM THORNWILDE ELEMENTARY SCHOOL		Confirmation# 3079219
MOTOR COACH 55	FROM: THORNWILDE: 1760 ELMBURN LN. HEBRON, KY 41048	FARE: \$1,425.00
5TH GRADE	TO: US AIR FORCE MUSEUM: 1100 SPAATZ ST. DAYTON, OH	TIPS: \$50.00
TRIP REMARKS:	45433	
WAIT & RETURN; ABOUT 3PM STAGE FOR RETURN; Order has more than 1 vehicle (2)		Total Fare \$1,475.00

4/16/2025 7:30:00AM THORNWILDE ELEMENTARY SCHOOL		Confirmation# 3079221
MOTOR COACH 55	FROM: THORNWILDE: 1760 ELMBURN LN. HEBRON, KY 41048	FARE: \$1,425.00
5TH GRADE	TO: US AIR FORCE MUSEUM: 1100 SPAATZ ST. DAYTON, OH	TIPS: \$50.00
TRIP REMARKS:	45433	
WAIT & RETURN; ABOUT 3PM STAGE FOR RETURN; Order has more than 1 vehicle (2)		Total Fare \$1,475.00

Invoice Total: **\$2,950.00**

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 _____

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

EXECUTIVE CHARTER

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

1810 MONMOUTH ST.

6 City, state, and ZIP code

NEWPORT KY 41071

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

6 1 - 1 2 3 6 1 4 9

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person

James D. Ward

Date ► 1/8/25

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.