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

SUBMIT THIS FORM DONE WEEK DITWO WEEKS DOZHER SPECIEV PRIOR TO THE TRIP
SCHOOL ACS HS FACULTY MEMBER(S) SPONSORING TRIP O. Farris K. Humphrey
TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
☐ Other (athletic, band, if applicable)
DESTINATION OGIT HOUSE ADDRESS 40 N 4 PHONE 502 589 5200
Out of State Out of County Within County
Dovernight; give name, address, phone of lodging Galt House 140 N 4th St.
Louisville Vy 40202
DATE(S) OF TRIP April 22 - 25 DEPARTURE TIME 8 BY RETURN TIME 2:00 PM
PURPOSE/EDUCATIONAL VALUE State Competition for Region 4
FCCIA members of Officers
SOURCE OF FUNDING FOR TRIP FCC 14 - 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: DISPONSORING ORGANIZATION DISCHOOL COUNCIL DIBOARD DISTRICT
NUMBER OF: STUDENTS // FACULTY SPONSORS 2 OTHER CHAPERONES
TOTAL# OF PARTICIPANTS /8
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? INO BYES, 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 I No
Person contacted at venue to discuss EAP: WWCos Lazo Person making contact O. Fams
Is there an Automated External Defibrillator (AED) on site: WYes I No If yes, where: 2nd Thor Fast + West To
Does the venue have an Emergency Response Team: Description No If we how are they contacted:
Via Radio less than 20 sec. Response time.
School Employee(s) Attending Trin (Please note heside name if employee is CPR trained).
Olivia Forris
Katrina Humphrey
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
2.27-25
Signature of Faculty Sponsor Date
Trip has been approved disapproved. Reason for disapproval
3/10/25
Signature of Superintendent/Designee Date

STUDENTS

70St Season

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

SUBMIT THIS FORM	II ONE WEEK	☐ TWO WEEKS	OTHER, SPECIFY	PRIOR TO THE T	RIP.
SCHOOL ACSHS	FACULT	Y MEMBER(S) SPC	NSORING TRIP		
TYPE OF TRIP (CHECK ONE):			The state of the	
☐ Classroom Field Tri	p□ Class Trip	(i.e., junior, ser	ior), specify		_
Organization/Club T DESTINATION LANCASH	rip, specify	1/12	(X) Other (at	hletic, band, if applicab	1e) 5 1 1 m
DESTINATION UNAUGST	A Mach AD	DRESS 4/6 Com	Pley DV PHONE 8	39-257-7941),
☐ Out of State ☐ O	ur or county	Li Within Cou	nty blue mgton 1	CY 40502	
Overnight; give nan	ie, address, pno	one or todging _	HOTEL THINKING I	Ston	.
DATE(S) OF TRIP	-2/22/25pm	A Brevious and and	1000 CUPACES	to learn took	44051
PURPOSE/EDUCATIONAL V	AT THE	ARIURE HVIESS.	<u>//SOMMERCETURN T</u>	TIME O.OCPR	
		in Meed			
SOURCE OF FUNDING FOR				<u> </u>	
Attach a description	of estimate	d expenses in	cluding but not	limited to ledeine	
registration, and all oth	er anticinate	l travel evnens	ecidanis, out not	minica to, roughly	s, meals,
			CS. IP BECAUSE OF AN INA	BIT TOTAL BIO DAY	
BILD TRIP EXPENSES TO	□ SPONSORIN	IG ORGANIZATIO	N II SCHOOL COUN	DULLI IO PAY. CH. II ROADN II OTDET) CDECTEX
	<u></u>		4.		t, SPECIFI
NUMBER OF: STUDENTS TOTAL # OF PART	ICIPANTS	SPONSORS	OTHER CHAPERON	ES	
MODE OF TRANSPORTATIO			, li		•
IS DISTRICT TRAN	COMMON CARR	EEDED? INO	YES, SEE PROCED	URE 09.36 AP.212.	• .
☐ PRIVATE VEHIC	LE, IF ALLOWEI	D BY POLICY; SPE	CIFY DRIVER(S)		
SUPERVISION (ATTACH L	IST OF NAMES	OF ADULTS ACCO	MPANYING STUDENTS	ON TRIP.)	
Have all chaperones	undergone	the required	records check a	and been designated	by the
principal/designee to s	upervise stud	ents? 🗓 Yes	□ No		. Oy tho
Person contacted at venue				a contact.	•
Is there an Automated Exte	ernal Defibrillate	or (AFD) on site:	TVes DNo If year	g contact.	· ·
Does the venue have	an Emergency	Response Too	m. M XVar D No.	where.	
	un landigondy	response lead	II. IS LI NO	ir yes, now are they	contacted:
School Employee(s) Atten	ding Trip (Pleas	e note beside nam	e if employee is CPR	trained).	POSSibli
MITCH COM					1000
2011 POVIEW		.			1185n a
,					2000
(Please use separate ch	eet avol attach to ti	hia farm if			SUMME
A A la	A. A.A.A.	ins 10th in thore spa	ce is needed to list school	of employees attending).	Vehill
KINCH (WILL W	X Illing	UNGL.		2/14/2S	. •
	e-of Faculty Spon	sor (Date	
Trip has been ZI approved	☐ disapproved. I	Reason for disappro	val		
		<u> </u>			
The Carro			: _		
Signature of Super	~	1 1 1 1 1 1	1 per mr. Haun	M Ma Date Mail	on 2/18/25
FOR OVERNIGHT and/or	out-of-state trips,	approval of the Sup	erintendent and/or Board	1 may be required by policy	09.36. / 7
RELATED PROCEDURE	5: 09.50 AP.1, 09	7.30 AP.21, 09.36 A	.P.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 ACCTC FACULTY MEMBER(S) SPONSORING TRIP T. Stamps
TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
Organization/Club Trip, specify 6 Skills (114 [] Other (athletic, band, if applicable) DESTINATION (1000 Plaze Address 100 Phillips Phone 1-888-275 9300
DESTINATION Grown Plaze ADDRESS DU Phillips PHONE 1-884-275 9320
□ Out of State □ Out of County □ Within County □ Out \(\text{UV}\) \(\text{UV}\) \(\text{VV}\) \(\text{UV}\) \(\text{VV}\)
Overnight; give name, address, phone of lodging Crown Place Lowinville Ky
1848-213-1370
DATE(S) OF TRIP 3/24-27 /25 DEPARTURE TIME 7.304 RETURN TIME 4.000
PURPOSE/EDUCATIONAL VALUE FOR SKIll USA member +>
attend State competition
SOURCE OF FUNDING FOR TRIP Skills USA
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: A SPONSORING ORGANIZATION SCHOOL COUNCIL BOARD OTHER, SPECIFY
- Control of the Cont
NUMBER OF: STUDENTS / OTHER CHAPERONES / OTHER CHAPERONES
TOTAL#OF PARTICIPANTS
MODE OF TRANSPORTATION IS DISTRICT TRANSPORTATION NEEDED? IN NO EXPERIMENTAL DESCRIPTION OF THE PROCEDURE 09.36 AP.212.
LI 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 \(\square\) No
Person contacted at venue to discuss EAP: Kin wordell Person making contact: 377 - 275 - 777 c
Is there an Automated External Defibrillator (AED) on site: Yes \(\square\) No If yes, where: \(\frac{froat}{Derk} \)
Does the venue have an Emergency Response Team: It Yes I No If yes, how are they contacted:
Kathi Lucky
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Toold Stamps
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
2/2/2
Signature of Faculty Sponsor Date
Trip has been 🖸 approved 🗆 disapproved. Reason for disapproval
A later
Signature of Superintendent/Designee 3/3/25 Date
For overhight 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 Allen Co Scotsville HyrCulty MEMBER(S) SPONSORING TRIP Dubra Eigsby; Shelley Cook
11PLOF 1 RIP (CHECK ONE);
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify
Urganization/Club Trin specify to 14 Nahario L. Ti Other (other) at 11
DESTINATION 15501111111111111111111111111111111111
Dut of State Li Out of County Li Within County Lissimee Florida 3 4766
Overnight; give name, address, phone of lodging Goylord Palm Resort & Convention Cente
6000 Woseloa, Kissimee Florida 34766
DATE(S) OF TRIP 6 20 202+ DEPARTURE TIME 6 26/25 RETURN TIME 6.00 pm
PURPOSE/EDUCATIONAL VALUE BETA NATIONAL COMPETITION
SOVERED OF THE SOURCE OF THE S
SOURCE OF FUNDING FOR TRIP FUNDYALSING and PEVENTS
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 I SCHOOL COUNCIL I BOARD I OTHER, SPECIFY
NUMBER OF: STUDENTS (1) FACULTY SPONSORS (2) OTHER CHAPERONES (2) OTHER
MODE OF TRANSPORTATION
IS DISTRICT TRANSPORTATION NEEDED? INO INVESSEE PROCEDURE 89 36 AP 212
LI CERTIFICATED COMMON CARRIER: SPECIEV
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 \(\Pi\) No
Person contacted at venue to discuss EAP: Convention Mar. Person making contact: Debra Rasby
Is there an Automated External Defibrillator (AED) on site: Yes No If yes, where:
Does the venue have an Emergency Response Team: The Yes I No If yes, how are they contacted: All Gaylord Hotels have EMTS and Wille Un site
School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Shellen Cook
- MAXIN COOL
(Please use separate sheet and attach to this form if more space is needed to list school employees attending).
the second to that senior comproyees attending).
Signature of Equality Sponsor Date
Trip has been approved
1 Pa - Pa
Signature of Superintendent/Designee Date
FOT OVERNIGHT and/or out-of-state tring approval of the State tring approval of the St

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