

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 ACSHS FACULTY MEMBER(S) SPONSORING TRIP O. Ferris K. Humphrey

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Galt House ADDRESS 140 N 4th St Louisville Ky 40202 PHONE 502 589 5200

- [] Out of State [] Out of County [] Within County
[] Overnight; give name, address, phone of lodging Galt House 140 N 4th St Louisville Ky 40202

DATE(S) OF TRIP April 22-25 DEPARTURE TIME 8:00 am RETURN TIME 2:00 pm

PURPOSE/EDUCATIONAL VALUE State Competition for Region 4 FCCIA members & Officers

SOURCE OF FUNDING FOR TRIP FCCIA - 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: [] SPONSORING ORGANIZATION [] SCHOOL COUNCIL [] BOARD [] OTHER, SPECIFY

NUMBER OF: STUDENTS 16 FACULTY SPONSORS 2 OTHER CHAPERONES
TOTAL # OF PARTICIPANTS 18

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: Marcos Lazo Person making contact O. Ferris

Is there an Automated External Defibrillator (AED) on site: [] Yes [] No If yes, where: 2nd Floor East + West Tower

Does the venue have an Emergency Response Team: [] Yes [] No If yes, how are they contacted: Via Radio less than 20 sec. Response time.

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

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

Signature of Faculty Sponsor

2.27.25 Date

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

Signature of Superintendent/Designee

3/10/25 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 PRIOR TO THE TRIP.

SCHOOL ACBHS FACULTY MEMBER(S) SPONSORING TRIP Mitch Clark

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) SMH

DESTINATION Lancaster Aqueduct ADDRESS 416 Complex Dr PHONE 859-257-7940

- [] Out of State [] Out of County [] Within County Lexington KY 40502

[X] Overnight; give name, address, phone of lodging Hotel In Lexington
1000 Export St. Lexington KY 40504

DATE(S) OF TRIP 2/21-2/23/25 DEPARTURE TIME 8:30am RETURN TIME 8:00pm

PURPOSE/EDUCATIONAL VALUE State SMH Meet

SOURCE OF FUNDING FOR TRIP

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

NUMBER OF STUDENTS 4 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 5

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? [] Yes [] No

Person contacted at venue to discuss EAP: RHSAA Person making contact: _____

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):

Mitch Clark
Jon Porter

possibly using school vehicle

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

Mitch Clark by Deborah Woffe
Signature of Faculty Sponsor

2/14/25
Date

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

[Signature]
Signature of Superintendent/Designee

okay per Mr. Hamby via email on 2/18/25
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

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 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 Sport Skills USA [] Other (athletic, band, if applicable) _____

DESTINATION Crown Plaza ADDRESS Du Phillipis PHONE 1-888-275-9370

- [] Out of State [] Out of County [] Within County Lane Louisville Ky
[] Overnight; give name, address, phone of lodging Crown Plaza Louisville Ky
1888-275-9370

DATE(S) OF TRIP 3/24-27/25 DEPARTURE TIME 7:30am RETURN TIME 4:00pm

PURPOSE/EDUCATIONAL VALUE For Skills USA members to 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: [] SPONSORING ORGANIZATION [] SCHOOL COUNCIL [] BOARD [] OTHER, SPECIFY _____

NUMBER OF: STUDENTS 8 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 9

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: Kim Woodell Person making contact: 888-275-9370

Is there an Automated External Defibrillator (AED) on site: [X] Yes [] No If yes, where: Front Desk

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

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

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

Signature of Faculty Sponsor Date 3/2/25

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

Signature of Superintendent/Designee Date 3/3/25

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

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 Allen Co Scottsville High FACULTY MEMBER(S) SPONSORING TRIP Debra Rigby; Shelley Cook

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Kissimmee FL ADDRESS 6000 Wosceloa PHONE 407-586-0000

- [x] Out of State [] Out of County [] Within County Kissimmee Florida 34766
[x] Overnight; give name, address, phone of lodging Gaylord Palm Resort & Convention Center
6000 Woseloa, Kissimmee Florida 34766

DATE(S) OF TRIP 6/22/2025 DEPARTURE TIME 6/26/25 RETURN TIME 6:00 pm

PURPOSE/EDUCATIONAL VALUE Beta National Competitions

SOURCE OF FUNDING FOR TRIP Fundraising and Parents

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 20 FACULTY SPONSORS 2 OTHER CHAPERONES Parents
TOTAL # OF PARTICIPANTS 30 Approximately

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? [] NO [] YES, SEE PROCEDURE 09.36 AP.212.
[] CERTIFICATED COMMON CARRIER; SPECIFY
[x] PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVERS(S) parents providing transport

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: Convention Mgr. Person making contact: Debra Rigby

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

Does the venue have an Emergency Response Team: [x] Yes [] No If yes, how are they contacted: All Gaylord Hotels have EMTs and Nurse on site

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

Debra Rigby
Shelley Cook

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

Signature of Faculty Sponsor Date 2/28/2025

Trip has been [x] approved [] disapproved. Reason for disapproval
Signature of Superintendent/Designee Date 2/3/25

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