

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 Senior Sponsor?

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Holiday World ADDRESS 452 E. Christmas PHONE
[] Out of State [] Out of County [] Within County Blvd. Santa Claus, IN 47579

- [] Overnight; give name, address, phone of lodging

DATE(S) OF TRIP May 11, 2025 DEPARTURE TIME 8:00 am RETURN TIME 12:00 pm
PURPOSE/EDUCATIONAL VALUE

SOURCE OF FUNDING FOR TRIP Seniors / SGA

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 220 FACULTY SPONSORS 10 OTHER CHAPERONES
TOTAL # OF PARTICIPANTS 230

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: Angela Dean Person making contact: Kelly Foster

Is there an Automated External Defibrillator (AED) on site: [x] Yes [] No If yes, where: Thurgood Park (15 AEDs) / First Aid Bldg.

Does the venue have an Emergency Response Team: [x] Yes [] No If yes, how are they contacted: 4 EMTs on site + 8 Emergency Responders.

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

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

Signature of Faculty Sponsor for Senior Sponsor Date 3/10/25

Trip has been [] approved [] disapproved. Reason for disapproval
Signature of Superintendent/Designee Date 3/10/25

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

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SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____	PRIOR TO THE TRIP.
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SCHOOL ACSH FACULTY MEMBER(S) SPONSORING TRIP Coach Bruce

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Westmoreland HS ADDRESS 4300 Hawkins Dr PHONE _____

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/29 DEPARTURE TIME TBA RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE Sv Town times to be determined

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 15 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 17-20

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: Athletic Director Person making contact: Coach Cook

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Radio

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

_____	<u>Coach Hood</u>
_____	<u>Racey Johnston</u>

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

	<u>2/1/25</u>
<i>Signature of Faculty Sponsor</i>	<i>Date</i>

Trip has been approved disapproved. Reason for disapproval _____

	<u>3/10/25</u>
<i>Signature of Superintendent/Designee</i>	<i>Date</i>

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

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SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Coach Bray

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Westmoreland HS ADDRESS 4300 Hawkins PHONE _____

- Out of State
- Out of County
- Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP 3/29/25 DEPARTURE TIME TBA RETURN TIME TBA

PURPOSE/EDUCATIONAL VALUE JV Tourn times to be determined

SOURCE OF FUNDING FOR TRIP Baseball School Account

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 15 FACULTY SPONSORS 2 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 17

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: Athletic Director Person making contact: Coach Cook

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

Does the venue have an Emergency Response Team: Yes No If yes, how are they contacted: Radio

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

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

[Signature]
Signature of Faculty Sponsor

2/1/25
Date

Trip has been approved disapproved. Reason for disapproval _____

[Signature]
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