

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 ACSHSFACULTY MEMBER(S) SPONSORING TRIP O. Ferris

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 FFA Leadership Camp ADDRESS

PHONE

☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging 111 FFA Camp Rd Hardinsburg Ky
40143DATE(S) OF TRIP May 27-30 DEPARTURE TIME 8:00 am RETURN TIME 2:00 pmPURPOSE/EDUCATIONAL VALUE Regional Leadership Training for officers /membersSOURCE OF FUNDING FOR TRIP FCCIA - Gas only

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, SPECIFYNUMBER OF: STUDENTS 23 FACULTY SPONSORS 2 OTHER CHAPERONESTOTAL # OF PARTICIPANTS 25

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO☒ YES, SEE PROCEDURE 09.36 AP.212.School car.☐ 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: Person making contact:

Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where:Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted:

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

Olivia FerrisKatrine Humphrey

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

Signature of Faculty Sponsor

Date

2-27-25Trip 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

Review/Revised:9/18/2023

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

SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY over a month PRIOR TO THE TRIP.SCHOOL ACSHSFACULTY MEMBER(S) SPONSORING TRIP O. Farris

TYPE OF TRIP (CHECK ONE):

- ☒ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify Culinary Arts & Advanced Foods
☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION Sullivan University ADDRESS 3101 Bardston PHONE 1502 456 6505☐ Out of State ☒ Out of County ☐ Within County Louisville Ky to 40205☒ Overnight; give name, address, phone of lodging Sullivan University Campus -DATE(S) OF TRIP April 12-18th DEPARTURE TIME 2:30 pm RETURN TIME 2:30 pmPURPOSE/EDUCATIONAL VALUE "Five Sense Experience" Students willSOURCE OF FUNDING FOR TRIP CTE (Trip) and chefs Classrooms Event

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses. D 901-2-118-0131-348L
m- 901-2-118-0894-348L Car Perkins and we will ret
By 2:3

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER, SPECIFY FridayNUMBER OF: STUDENTS 44 FACULTY SPONSORS 1 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 45

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: Chef Isiah Person making contact: O. FarrisIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: _____Does the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: _____

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

Olivia Farris

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

Signature of Faculty Sponsor

3-5-25

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

Approved for

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

Review/Revised: 9/18/2023

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

Chelsea Mommsen

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify☒ Organization/Club Trip, specify Educators Rising ☐ Other (athletic, band, if applicable)

DESTINATION

ADDRESS

PHONE

☒ Out of State ☐ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging

DATE(S) OF TRIP

6/25-6/29

DEPARTURE TIME

RETURN TIME

PURPOSE/EDUCATIONAL VALUE

Leadership Development &National Conference / competition

SOURCE OF FUNDING FOR TRIP

Educators Rising 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

FACULTY SPONSORS

OTHER CHAPERONES

TOTAL # OF PARTICIPANTS

2

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:

Person making contact:

Is there an Automated External Defibrillator (AED) on site: ☐ Yes ☐ No If yes, where:Does the venue have an Emergency Response Team: ☐ Yes ☐ No If yes, how are they contacted:

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

Chelsea Mommsen

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

Chelsea Mommsen

Signature of Faculty Sponsor

3/13/25

Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee

3/17/25

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

Review/Revised: 9/18/2023

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SUBMIT THIS FORM

☐ ONE WEEK☐ TWO WEEKS☐ OTHER, SPECIFY

PRIOR TO THE TRIP.

SCHOOL ACCTCFACULTY MEMBER(S) SPONSORING TRIP Monica Bean

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify☒ Organization/Club Trip, specify FBLA ☐ Other (athletic, band, if applicable)DESTINATION The Galt House ADDRESS See below PHONE (502) 589-5200☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging The Galt House Hotel
140 North 4th Street, Louisville, KY 40202DATE(S) OF TRIP 4/14 - 4/16, 2025 DEPARTURE TIME 7:45 AM RETURN TIME 2:00 PMPURPOSE/EDUCATIONAL VALUE 4/14/25 4/16/25
State FBLA Conference and CompetitionSOURCE OF FUNDING FOR TRIP FBLA

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, SPECIFYNUMBER OF STUDENTS 6 FACULTY SPONSORS 1 OTHER CHAPERONESTOTAL # OF PARTICIPANTS 7

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212. District Vehicle☐ CERTIFICATED COMMON CARRIER; SPECIFY☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.) Monica BeanHave 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:

Person making contact: Monica BeanIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Lobby Fitness CenterDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted:
Front desk or security contacts emergency service personnelSchool Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
Monica Bean

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

Signature of Faculty Sponsor

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee

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

Review/Revised: 9/18/2023