

STUDENTS

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 JEHMS FACULTY MEMBER(S) SPONSORING TRIP Elizabeth Bequeath

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify State Special Olympic
☒ Organization/Club Trip, specify Special Olympic ☐ Other (athletic, band, if applicable)

DESTINATION EKV ADDRESS 521 Lancaster Ave PHONE 859-622-1000

- ☐ Out of State ☒ Out of County ☐ Within County
☒ Overnight; give name, address, phone of lodging EKV 521 Lancaster Ave.

DATE(S) OF TRIP 6/6-6/8 DEPARTURE TIME 8:00 am RETURN TIME 3:00 pm

PURPOSE/EDUCATIONAL VALUE athletic competition

SOURCE OF FUNDING FOR TRIP Board - State Event

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 20 FACULTY/SPONSORS 8 OTHER CHAPERONES
 TOTAL # OF PARTICIPANTS 28

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212. 2 Buses
☐ 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: E. Bequeath

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):

Elizabeth Bequeath

Cindy Brown

Jayeletha Minix

JoAngel Loyd

Lesley Siddens

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

Elizabeth Bequeath
 Signature of Faculty Sponsor

5/1/25
 Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

[Signature]
 Signature of Superintendent/Designee

5/1/25
 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