

* Pending May 23 results *

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 ACIC FACULTY MEMBER(S) SPONSORING TRIP Tracy Butler

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e. junior, senior), specify☐ Organization/Club Trip, specify Archery ☐ Other (athletic, band, if applicable)DESTINATION Myrtle Beach SC ADDRESS Convention Center PHONE 2101 N Oak St Myrtle Beach SC☒ Out of State ☐ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging lodging & transportationDATE(S) OF TRIP June 5, 6, 7 2025 DEPARTURE TIME RETURN TIME

PURPOSE/EDUCATIONAL VALUE

2025 NASP ChampionshipSOURCE OF FUNDING FOR TRIP lodging & transportation are Parents responsibility

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 48 FACULTY SPONSORS OTHER CHAPERONES

TOTAL # OF PARTICIPANTS

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 ☐ NoPerson contacted at venue to discuss EAP: Tracy Butler Person making contact: NASP sponsorIs 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):

Tracy Butler

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

Tracy Butler

Signature of Faculty Sponsor

5/2/25

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval[Signature]

Signature of Superintendent/Designee

5/2/25

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