

School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)SUBMIT THIS FORM ☐ ONE WEEK ☐ TWO WEEKS ☒ OTHER, SPECIFY 2+ month PRIOR TO THE TRIP.SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Boys Soccer

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Bluegrass State Games ADDRESS Lexington, Ky PHONE _____

- ☐ Out of State ☐ Out of County ☐ Within County

☒ Overnight; give name, address, phone of lodging _____DATE(S) OF TRIP (3) 7/18, 7/19, 7/20 DEPARTURE TIME _____ RETURN TIME _____PURPOSE/EDUCATIONAL VALUE Statewide Soccer tournamentSOURCE OF FUNDING FOR TRIP Booster Fundraising

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 _____ OTHER CHAPERONES Coach & bus driverTOTAL # 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: _____ 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):

Coach Ries

(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