

STUDENTS

Drop off only
Time TBD
Drop off & pick up only
09.36 AP.21

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 Garnett

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Transylvania ADDRESS 300 N. Broadway PHONE _____

- ☐ Out of State ☐ Out of County ☐ Within County Lexington Ky
☒ Overnight; give name, address, phone of lodging Transylvania Dorm rooms

DATE(S) OF TRIP 6-5 to 6-7 DEPARTURE TIME 8:00 a.m. RETURN TIME 4:00 p.m. 6:17 p.m.

PURPOSE/EDUCATIONAL VALUE 6:15 Drop off 12:00 p.m.

SOURCE OF FUNDING FOR TRIP Basketball
Basketball Boosters

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 18 FACULTY SPONSORS 5 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 23

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: Coch Line Person making contact: Garnett

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):

Garnett
Ale Brown

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

Jay G Signature of Faculty Sponsor Date 5-5-25

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____
[Signature] Signature of Superintendent/Designee Date 5/6/25

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	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY	PRIOR TO THE TRIP.
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SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Gary DeWitt

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Campbellsville, UNIV ADDRESS University Dr. PHONE _____
☐ Out of State ☐ Out of County ☐ Within County Campbellsville, Ky 42718
☒ Overnight; give name, address, phone of lodging _____

Basketball
Camp.

DATE(S) OF TRIP 6/9, 6/10 + 6/11 DEPARTURE TIME TBD RETURN TIME TBD
 PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP Girls Basketball Boosters

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 22 FACULTY SPONSORS 10 OTHER CHAPERONES _____
 TOTAL # OF PARTICIPANTS 28

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):

_____	_____
_____	_____
_____	_____

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

See Attached letter from Coach DeWitt 5/5/25
 Signature of Faculty Sponsor Gary DeWitt Date

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

[Signature] 5/16/25
 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

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

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____
PRIOR TO THE TRIP.			

SCHOOL ACHS FACULTY MEMBER(S) SPONSORING TRIP WALKER

TYPE OF TRIP (CHECK ONE):
☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☒ Organization/Club Trip, specify JROTC ☐ Other (athletic, band, if applicable) _____

DESTINATION _____ ADDRESS _____ PHONE _____
☐ Out of State ☒ Out of County ☐ Within County
☒ Overnight; give name, address, phone of lodging Wendell H. Ford Tug Center
St 1000 - 10, Greenville, Ky 42345

DATE(S) OF TRIP May 28 - Jun 1 DEPARTURE TIME 12pm RETURN TIME 8 Am

PURPOSE/EDUCATIONAL VALUE JROTC Summer Leadership Camp
JCLE

SOURCE OF FUNDING FOR TRIP JROTC

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 10 FACULTY SPONSORS 1 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 11

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: Keith Murphy Person making contact: David J Walker

Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Cablenia + Ops HQ

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

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):
David J. Walker (CPR) yes

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

[Signature] 5/9/25
Signature of Faculty Sponsor Date

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>[Signature]</u>	<u>5/15/25</u>
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