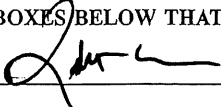



**School-Related Student Trip Request Form****APPROVAL SIGNATURES REQUIRED**

CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES

Principal:  Date: 6/2/25

☒ Required For All Trips

Superintendent/Designee:  Date: 6/2/25

☒ Overnight Trips

Board Of Education: \_\_\_\_\_ Meeting Date \_\_\_\_\_

Submit forms to Superintendent/Designee for review and submission to the Board for approval.

☐ Includes a Student Fee☐ Travel outside the Tri-State area of KY, OH, IN☐ Common Carrier Transportation Reason for using a Charter Bus/Plane \_\_\_\_\_

*All field trip forms requiring Board approval must be completed and submitted to the Superintendent/designee ten (10) days prior to the Board meeting. Incomplete or late forms cannot be accepted and may result in trip cancellation.*

**UPON APPROVAL, THIS FORM WILL BE RETURNED FOR FINAL PREPARATIONS**

- |   |
|---|
| <input type="checkbox"/> Provide a copy of this approved form to the bookkeeper and request Purchase Orders for all expenses<br><input type="checkbox"/> Make reservation with the venue<br><input type="checkbox"/> Make transportation arrangements<br><input type="checkbox"/> Send out completed Principal approved Parent Permission Forms.<br><input type="checkbox"/> Confirm receipt of Parent Permission Forms & authenticate signatures. Send reminders, if needed.<br><input type="checkbox"/> Collect fees using the Multiple Receipt Form and turn funds into the Bookkeeper daily.<br><input type="checkbox"/> Confirm parents requesting to chaperone are on the approved list and begin assignment of chaperones to students. Parents of students who require emergency and/or routine medications should be invited to chaperone if they are on the approved list.<br><input type="checkbox"/> Consult with the Cafeteria Manager on lunch arrangements, including the number of students that will be out of the building if lunch is not provided through the Cafeteria.<br><input type="checkbox"/> Two (2) weeks prior to the trip date, submit a student roster and all completed parent permission slips to the School Nurse for medications and/or specific adaptations approval. <input type="checkbox"/> Confirm that a trained medical person will attend. <input type="checkbox"/> Cost for nursing, if applicable, shall be arranged and paid by the school. School Nurse Signature: _____ Date: _____ |
|---|

**ON THE DAY OF THE TRIP**

- |  |   |
|--|---|
| <input type="checkbox"/> Provide chaperone orientation (video, etc.)             | <input type="checkbox"/> Post attendance prior to leaving     |
| <input type="checkbox"/> Provide office with a list of chaperones & cell numbers | <input type="checkbox"/> Take student lunches (if applicable) |
| <input type="checkbox"/> Take student medications in original labeled bottle     | <input type="checkbox"/> Take classroom emergency kit         |

**School-Related Student Trip Request Form****REQUEST AND AUTHORIZATION FOR FIELD TRIP USING BOARD OWNED VEHICLE**

This form should be in the Central Office at least fourteen (14) for in state and thirty (30) for out of state days to the departure. Attach detailed itinerary/agenda to this form.

Policy 09.36 and corresponding Administrative Procedures must be followed with necessary paperwork completed on a timely basis.

\*From: Kassandra Benitez \*Date: 5/12/25  
Name of Requestor Date of Request

\*For: Migrant Ed. \*Number of Students: 6  
Class or Grade

\*\*Proposed trip to: Maysville Community + Technical College

\*\*Date and estimated time of departure: 6/3/25 @ 7:00 AM

\*\*Date and estimated time of return: 6/5/25 @ 4:00 PM

\*Educational objective: Career Cruise Camp

Type of Vehicle needed:

\* Board owned: ☐ Bus ☐ Van ☒ Sedan Migrant Suburban

Number of Passengers: 8

Not Board owned: ☐ Common Carrier ☐ Other (specify), \_\_\_\_\_

Number of Passengers: \_\_\_\_\_

\*Will students be charged: ☐ Yes ☒ No If yes, how much? \_\_\_\_\_

Other financing: \_\_\_\_\_

\*Teacher(s) in charge of trip: Kassandra Benitez + Jacqueline Soto

\*Additional chaperones: \_\_\_\_\_

\*Has/will parental permission be/been obtained for each student? ☒ Yes ☐ No

Will you or one of your chaperones, as a certified driver, be the driver for the trip? ☒ Yes ☐ No

If yes, give driver's name: Kassandra Benitez Remarks: \_\_\_\_\_

☐ Student list has been reviewed by the Principal ☐ Student list was given to the Attendance Clerk

☐ Student list has been reviewed by the School Nurse Nurse Signature Deanna M. Berry BSN, RN 6/2/25

**OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE**

\*Trip approved: [Signature] Driver assigned: Kassandra Benitez  
Principal's Signature Name of Driver

\*Charge trip to: MAA Central Office approval: \_\_\_\_\_

Vehicle assigned: \_\_\_\_\_ Head Mechanic Initials: \_\_\_\_\_

**FOR DRIVER USE-RETURN COMPLETED FORM TO CENTRAL OFFICE AFTER TRIP**

Vehicle checked for safety and fuel: ☐ Yes ☐ No Bus Number: \_\_\_\_\_

Odometer reading (beginning of trip): \_\_\_\_\_ Odometer reading (end of trip): \_\_\_\_\_

Depart Date: \_\_\_\_\_ Time: \_\_\_\_\_ Mileage: \_\_\_\_\_

Return Date: \_\_\_\_\_ Time: \_\_\_\_\_ Mileage: \_\_\_\_\_

**ACCOUNTANT USE-RETAIN FOR FILE**

Mileage charge: \$ \_\_\_\_\_ per mile for \_\_\_\_\_ miles equals \$ \_\_\_\_\_.

Driver's Pay: \$ \_\_\_\_\_ Charged to: \_\_\_\_\_

Activity Fund

Date Paid: \_\_\_\_\_

\*Required Fields to be completed

\*\*If Request is for multiple trips (i.e. sports teams), do not complete this field – Complete a Multi-Trip Sheet

**School-Related Student Trip Request Form****EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)  
FOR****SCHOOL SANCTIONED NON ATHLETIC EVENT HELD OFF-CAMPUS**

Destination/Venue Maysville Community + Technical College  
 Venue Address 1155 U.S. 68 Business, Maysville, KY 41056  
 Person or email contacted at venue to discuss EAP Chris Neal  
 Position/Title of person contacted Crisis Management Team  
 Date (s) of contact 6/2/25

Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no

If yes, where is it located? located in centralized hallways on each floor

Does the venue have an emergency response team (ERT)? ☒ yes ☐ no

Process to request AED and/or ERT if needed at the scene \_\_\_\_\_

AED are accessible to the public - hanging on the walls. Contact front office staff to notify EPI

Will a portable AED be taken from school on this trip? ☐ yes ☒ no If yes, who will be responsible for oversight and location of AED? \_\_\_\_\_

Is any other assigned emergency equipment available on the field trip? ☐ yes ☒ no

If so, list location of equipment \_\_\_\_\_

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- Location of AEDs;
- If possible, how to gain access;
- Steps that must be taken quickly to initiate the chain of command:
  - Recognition of a sudden cardiac arrest event (unconscious, collapsed and unresponsive and not breathing)
  - Call 911 using cell phone or other means of communication
  - Begin Hands-Only CPR (push hard and fast at 100-120 times/minute);
  - Retrieve and use the nearest AED;
  - Continuing supporting the victim until the local emergency services arrive;
  - Direct EMS to the scene.

full-time Nurse will also  
be there - CNA Nurse

Clara Gonzalez

clara.gonzalez101503@gmail.com

(606) 209-2845

## List of Students Attending Career Craze Camp: June 3rd-5th

- McCord, Jacob
- McCord, James
- Castillo Tellez, Angel
- Chicas Lagos, Rene
- Genis Ponce, Raziel
- Slone, Billy