

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 Stamps

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify☒ Organization/Club Trip, specify SGA ☐ Other (athletic, band, if applicable)DESTINATION KYA - KYMCA ADDRESS Louisville, KY PHONE 502-367-2251☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging Crowne Plaza, 830 Phillips Lane, Louisville, Ky. 40209DATE(S) OF TRIP 11/23-11/25 DEPARTURE TIME 8:30am RETURN TIME 3:30pmPURPOSE/EDUCATIONAL VALUE Kentucky Youth Assembly is a mock Ky Legislature where our SGA students act as legislators for theSOURCE OF FUNDING FOR TRIP SGA fundraisers & student fees Assembly

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 10 FACULTY SPONSORS 2 OTHER CHAPERONESTOTAL # OF PARTICIPANTS 12

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)Suburbans

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: Aly Smith - YMCA Person making contact: Chelly StampsIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: Lobby of HotelDoes the venue have an Emergency Response Team: ☒ Yes ☐ No If yes, how are they contacted: 911

School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):

Ada Bailey StampsChelly Taylor - Stamps

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

Chelly Taylor - Stamps
Signature of Faculty Sponsor9-15-25

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval[Signature]
Signature of Superintendent/Designee9/16/25
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