

**Field Trip Planning Form**

This form is to be used when students take any trip off campus for school purposes.

School: Ryle High School Grade(s): High School Class/Activity Group/Team: Girls Varsity Basketball  
 Teacher/Sponsor/Coach: Katie Haitz Cell Phone Number: 8594688220  
 Person trained with current medication administration training CPR/FA/AED credential: Katie Haitz

Destination Venue, Location and State: Whitefield Academy Culture MLK Classic 1 Whitefield Dr. Mableton, GA 30126

Trip Location Contact Person: Sasha Palmer Phone Number: 404-398-2956

# Teachers: 1 # Students: 18 # Chaperones: 2 Adult/Student Ratio: 1:6

<b>Date(s) &amp; Times</b> Departure Date: <u>January 16th</u> Time: <u>TBD</u> AM/PM Return Date: <u>January 20th</u> Time: <u>TBD</u> AM/PM	<b>Cost</b> Total Cost: \$ <u>15,000 Team</u> Funding Source: <u>Fundraising plus parents</u> Fee to be assessed to students: \$ _____ <i>Attach Student Activity Cost Form 09.15 AP.23</i>	<b>Transportation</b> <input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: looking <u>for</u> <u>or bus</u> Approved Bid – Company Name <u>Executive Charter</u> <input type="checkbox"/> Other: <u>flight</u> <i>Attach a copy of Charter Bus Contract.</i>
<b>Meals</b>	At school prior to departure <input type="checkbox"/> Student Packed <input type="checkbox"/> Location where packed lunches will be consumed: _____ School Cafeteria Packed <input type="checkbox"/> Student Purchase Restaurant <input type="checkbox"/> Name & Location: <u>TBD</u> (Name and location of each stop) Name & Location: _____	
<b>Over Night</b>	Date: <u>01/16/2026</u> Lodging: <u>TBD</u> Date: <u>1/19/2026</u> Lodging: _____	

Trip Purpose and Core Content/learning targets: Basketball tournament

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: N/A

If any medication is listed on the parent permission form, someone must be identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to Central Office for Board consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized.

Name of trained administrator(s) of routine and emergency medications: Katie Haitz

School Nurse Initials: SW for verification that medications administrator listed above received training.

Due Date: \_\_\_\_\_ to turn in Roster and completed Parent Permission Slips for nurse's final review.

The following items have been completed or are in process. (Teacher/Sponsor/Coach must initial below)

N/A I have viewed the field trip video for teachers/sponsors/coaches found on the district website

[Signature] I have attached an anticipated Trip Itinerary

[Signature] I have evaluated the trip site for potential hazards/special requirements

[Signature] I have an event-specific emergency action plan for the trip site and will distribute to all personnel attending the event in an official capacity.

[Signature] Funds have been secured for indigent students

[Signature] If needed, background checks for chaperone approval have been initiated

[Signature] Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for KY trips and states where approved, nurse, or parent attending):

Teacher/Sponsor/Coach Signature: Katie Haitz

Date: 9/12/25



**School-Related Student Trip Request Form****EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)****FOR****ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**Destination/Venue Whitefield AcademyVenue Address 1 Whitefield Dr Mableton, GA 30216Person or email contacted at venue to discuss EAP Sasha Plamer 404-398-2956 sincPosition/Title of person contacted Head Basketball coachDate (s) of contact 9/10/2025Is there an Automatic External Defibrillator (AED) on site? ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? 2 in gym and trainer on siteDoes venue have an emergency response team (ERT) yes ☐ no?Process to request AED and/or ERT if needed at the scene Trainer on siteWill 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 field trip? ☐ yes ☐ noIf so, list location of equipment Katie Haitz is traveling with AED

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 survival.
  - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing).
  - Call 911 using cell phone or other means of communication.
  - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute).
  - Retrieve and use the nearest AED.
  - Continuing supporting the victim until the local EMS arrives and takes over care; and
  - Direct EMS to the scene.

**○ APPROVAL SIGNATURES REQUIRED**

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

Principal: [Signature] Date: 9/17○ ☐ Required for all trips

Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

○ ☐ Overnight Trips

○ Board of Education: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

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

○ ☐ Travel outside the Tri-State area of KY, OH, IN○ ☐ Common Carrier contract including cost○ ☐ Common Carrier Transportation Reason for using a Charter Bus/Plane: \_\_\_\_\_

○ All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.

**Executive Charter, Inc.**  
1810 Monmouth St. Newport KY 41071  
859-261-8841  
reservations@executivetransportation.org

Account Name: RYLE HIGH SCHOOL / WOOLF Acct ID: 3845312

Address: 10379 US-42 UNION, KY 41091

Client Contact: MIKE WOOLF Phone#: 8593845300

Pickup_Time	Passenger	Confirmation
3845312		
1/16/2026 12:00:00AM	RYLE HIGH SCHOOL / GIRLS BASKETBALL	3156227
MOTOR COACH 55	FROM: RYLE HIGH SCHOOL: 10379 US-42, UNION, KY 41091	Fare \$9,745.00
	TO: ATLANTA, GA	Tips \$250.00
		TotalFare \$9,995.00
TRIP REMARKS:	1ST OF A 5 DAY TRIP RETURNING 1/20/26 \$9,995 PLUS THE DRIVERS ROOM AND ANY PARKING FEES	
		Invoice Total: \$9,995.00

**DEPOSIT:** A \$100 deposit per motorcoach is required to reserve service.

**PAYMENT OF BALANCE:** To avoid cancellation, the balance of the payment is due thirty (30) days prior to the event. If the balance is not paid in full 30 days prior, trips can be cancelled without notice to fulfill company needs.

**CANCELLATION:** We have a 2 week cancellation policy. Cancellation less than two (2) weeks prior to service will result in forfeiture of all monies paid.

**ADDITIONAL CHARGES:** You will be responsible for any tolls, city fees and applicable parking for the bus.

**AMENITIES** such as wi-fi, PA system, electrical outlets, DVD players and TV monitors are provided at no charge. Therefore no refund will be issued for the failure of such amenities.

**DRIVER ACCOMODATIONS:** You are responsible for a hotel room for the driver. This includes booking and payment of the room.

**PAYMENTS:** We accept credit card, check or EFT. Please make checks payable to: Executive Charter, Inc.

**CREDIT CARD PROCESSING FEE:** A processing fee of 3% will be added to all credit card payments.

**PAST DUE AMOUNTS:** A Finance Charge of 2% Per Month, 24% Annual Percentage Rate will be charge on all past due accounts. **PRICE**

**VARIATIONS:** The price quoted above is from terminal to terminal and is based upon the information originally given. Any changes may affect the original price quote. A revised quote will be given at the time of change.

**DAMAGE AND CLEAN UP FEES:** If extraordinary clean up is required there will be an additional charge of \$250. You will be liable for any damage caused by the passengers of the bus.

**LIMITATIONS ON DRIVE TIMES:** Please NOTE the following:

The bus will not be driven between 1:00 am and 5:00am. Please adjust your itinerary to accommodate this.

The D.O.T. only allows a driver to be on duty for 15 consecutive hours and to drive for 10 hours of the 15 hours before an 8 hour break is required.

It is important to communicate with us prior to your trip regarding any itinerary that may exceed these requirements so accommodations for a second driver can be made. A second driver will increase the cost of your charter.

**ITINERARY:** A specific itinerary is required 2 weeks before the service, listing all locations and expected times for the driver(s).

**NOTES:** Please check the information above regarding your trip. Please contact us with any changes, corrections, or additions to your itinerary. Our staff is anxious to help you.

Please sign and return with your deposit to ensure your coach reservation.

Signature  Date 10/23/25