

Field Trip Planning Form

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

School: Longbranch Elm Grade(s): K-5 Class/Activity Group/Team: PTO fundraiser reward
 Teacher/Sponsor/Coach: Carolyn Wingard Cell Phone Number: 859-940-3797
 Person trained with current medication administration training CPR/FA/AED credential: Shawna Helm

Destination Venue, Location and State: Graeter's, 8905 old Union Rd, Union, KY
 Trip Location Contact Person: Trish Arlinghaus Phone Number: 859-380-4435

Teachers: 0 # Students: 190 # Chaperones: 30 Adult/Student Ratio: 19/3

Date(s) & Times		Cost		Transportation		
Departure Date: <u>11/21/25</u>		Total Cost: \$ <u>1700</u>		<input type="checkbox"/> District Bus/Van		
Time: <u>10</u> AM/PM		Funding Source: <u>PTO</u>		<input checked="" type="checkbox"/> Charter Bus: <u>Savannah Nites</u>		
Return Date: <u>11/21/25</u>		Fee to be assessed to students:		Approved Bid – Company		
Time: <u>2:30</u> AM/PM		\$ <u>0</u>		Name		
		Attach Student Activity Cost Form 09.15 AP.23		<input type="checkbox"/> Other: _____		
				Attach a copy of Charter Bus Contract.		
Meals	At school prior to departure <input checked="" type="checkbox"/>		Student Packed <input type="checkbox"/>		Location where packed lunches will be	
			School Cafeteria Packed <input type="checkbox"/>		consumed: _____	
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)		Name & Location: _____			
		Name & Location: _____				
Over Night	Date: _____		Lodging: _____			
	Date: _____		Lodging: _____			

Trip Purpose and Core Content/learning targets: Students earned a fundraiser reward

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

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: Shawna Helm

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

Due Date: 11/7 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
- ☒ I have attached an anticipated Trip Itinerary
- ☒ I have evaluated the trip site for potential hazards/special requirements
- ☒ 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.
- ☒ Funds have been secured for indigent students
- ☒ If needed, background checks for chaperone approval have been initiated
- ☒ 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: Carolyn Wingard Date: 10/22/25

School-Related Student Trip Request Form**EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)
FOR****ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**Destination/Venue Graeter'sVenue Address 8905 Old Union Rd. Union, KYPerson or email contacted at venue to discuss EAP Trish ArlinghausPosition/Title of person contacted Manager,Date (s) of contact 10/20, 10/22Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? In the hallway by the bathroomsDoes venue have an emergency response team (ERT) yes ☒ no?Process to request AED and/or ERT if needed at the scene counter, any available associateWill 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 ☒ 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 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: Stephanie Standiford Date: 10/23/21

○ ☐ 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.

Kesselring, Heidi

From: Amanda Gruelle <amgruelle@gmail.com>
Sent: Friday, October 24, 2025 2:43 PM
To: Kesselring, Heidi
Subject: Fwd: Booking Confirmation Res# 29513249: 11/21/2025 Friday, 10:00 AM

EXTERNAL MESSAGE

Sent from my iPhone

Begin forwarded message:

From: res@asnlimo.com
Date: October 22, 2025 at 11:27:51 AM EDT
To: amgruelle@gmail.com, beth@davisteam.us
Subject: Booking Confirmation Res# 29513249: 11/21/2025 Friday, 10:00 AM



NOTICE: [Click Here to ACCEPT the Terms and Rates associated with this booking.](#)

NOTICE: [Click Here to REJECT the Terms and Rates associated with this booking.](#)

Please review and confirm that your charter information is correct.
If changes need to be made please call us at 513-858-2677.
Please do not email changes. We request that we speak with you personally.

Thank you for your time. We are looking forward to being of service to you!

Empire Corporate Trans 513 860-3324

Charter Policy

A Savannah Nite Limousine (513) 858-2677

9331 Seward Rd., Fairfield, OH 45014

Ph: 24 Hour Service TF: 1-866-704-5466 Fax: (513) 858-2611

Corp. Longbranch Elementary

Acct.: School

Ind. Acct.: ,

Ordered
by: Amanda Gruelle

BK# 29513249 | Status: Confirmed

Time: 10:00 AM | 10:00

Date: 11/21/2025, Friday

Passenger: longbranch prize

Pass.
Phone: 859-468-6401
Home:
Mobile:
Ordered
by: 513-310-5979
Fax:

#Pass.:35 #Luggage: Smoking:No Vehicle Type: #65 Silver Nite Limo Bus	Type: School Event Activity: As Directed Limousine Bus Duration (hrs): 4
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Pickup Location	Trip Charges
P/U Instructions: 2805 Longbranch Road — Union, KY 41091 Stops----- 1. as directed for greater's ice cream 2. 3. 4. 5.	Base Rate = \$625.00 Service Fee @ 0% = ---- Extra Gratuity = \$100.00 Greet Charge = ---- Chauffeur Fee Hr = ---- Fuel surcharge = ---- Drive Time = ---- Chauffeur Fee % = ---- Over Time = ---- Sales Tax = ---- Early/Late = ---- Admin Fee = ---- Discount = ---- Airport Pu/Do Fee = ---- Stops = ---- Wait = ---- Other = ---- Trip Total = \$725.00
Drop-Off Location	
2805 Longbranch Road — Union, KY 41091	
Special Request: will have a check	Billing Info: Pay Type: Pay Method: 2805 Longbranch Road, Union, KY 41091

Terms and Conditions

Please review, print, sign, date and return to fax # 513-858-2611 or 9331 Seward Rd, Suite A, Fairfield, Ohio 45014. (Please be advised that "We" in the following contract refers to A Savannah Nite Limousine and Empire Corporate Transportation.) Please sign and return back to us within 7 days to guarantee reservation and date and vehicle.

All special event transportation i.e. Super bowl, Kentucky Derby, Prom are totally non-refundable and non-transferable unless canceled 30 days prior to the date of service .If canceled within the 30 days full balance due with no refunds. All retainers (1-14 pass \$150.00 15-50 pass \$250.00) are non-refundable, but are transferable for up to 12 months,after 12 months the retainer will be forfeited. If paid in full, all monies paid, minus the retainer will be refunded, if canceled 30 to 7 days prior to your scheduled charter. Cancellations must be done in writing 7days

prior to your scheduled charter. You, the client, accepts full liability for all damage(s) done to the limousine done by yourself or your party during your charter. There are no downgrades allowed once reserved in certain size or style limousine. You are also not allowed to subtract hours, but you may add hours only in hourly increments. You understand that your limousine has been inspected prior to you charter and found to be of sound condition and all equipment is in operable order. You have the right to request an inspection prior to or at the conclusion of your charter, If inspections are not requested than any complaints related to the vehicle are void. All of our limousines are non-smoking. If smoking occurs in our limousine the charter may be terminated and no refund will be issued. If evidence of smoking is found a \$150 excessive cleaning fee per occurrence will be assessed due to breach of contract. A \$300 fee will also be assessed for each cigarette burn found. There is no eating in our limousines. A \$50 excessive cleaning fee will be assessed per occurrence if evidence of food is found, (i.e. crushed crumbs, gum, etc.) as well as any unattended to drink spillage. There is a \$250.00 clean up fee for motion sickness. A \$15.00 fee will be assessed for each broken or missing glass. If the charter runs over the scheduled end time, an additional hour will be assessed and payment is due in cash at the beginning of that hour and every hour thereafter or will be placed on a credit card on file. Rates are in hour increments (minimum). Your limousine may be scheduled for another charter at the end of yours, thus making your vehicle unavailable for any additional hours for you. If your charter interferes with another charter causing our service to be late, then you will be held responsible for the monetary refund if applicable to the waiting party. The chance of making other arrangements in your favor will increase the earlier you make your chauffeur aware. Your overtime rate per hour will be \$180.00 +tax and fuel (1-14 passengers) or \$300+tax and fuel (FOR SOME 15-54 passengers) SILVER NITE WILL HAVE AN OVERTIME RATE OF \$400 +TAX & FUEL and will commence 15 minutes after original scheduled drop-off time. We are not responsible for any articles left in the vehicle during or after your charter. In the sole judgment of the chauffeur, if the chauffeur determines that the behavior of you or your guests for any reason is out of control, unsafe, illegal, dangerous, belligerent, racist or irresponsible to lives and property, he/she can terminate the charter immediately. He/she may or may not issue a warning before taking action. No refund will be issued of any kind. **NO WEAPONS** of any kind are permitted in our vehicles **with or without permits**. We reserve right to refuse service when deemed necessary. Our chauffeur reserves the right to refuse travel on certain roads due to length, safety or any other reason. The chauffeur may decide the waiting area is unsafe and will determine a better area. It will be your responsibility to contact your driver for pickup. Do not ask the chauffeur to do anything that will require he/she to leave the limousine. Our limousines are never left unattended. **Alcohol will not be consumed by any passenger under the age of 21.** If this is found, the charter may be terminated immediately with assistance from law enforcement, and no refund will be given. We by law, are not permitted to provide any alcoholic beverage to our clients, even those of legal age. Possession or use of illegal drugs is prohibited in any of our limousines. If drugs are observed, your charter will be terminated with the assistance from law enforcement, and no refund will be granted. We request that you call and confirm the times and addresses 48 hours before your charter. If confirmation is not made we are not responsible for errors associated with your charter. Please be advised you to provide us with detailed directions along with a scheduled itinerary. If you need to give verbal directions, give the driver plenty of notice for turns and stops. It can be very difficult to back up our limousines. We respectfully request that you make us aware of any construction, traffic, road conditions or any known accidents we may encounter the day of your charter that you may be aware of because we hold no liability for traffic, road conditions, construction or any other road obstacles that may extend our contract time. Since we allow our customers a 15 minute grace period, we also reserve the same for our pickup location times. Please plan accordingly. For your protection you may be monitored during your charter by our surveillance cameras. This signed contract is your authorization/ permission to be monitored. Should your contracted limousine have unforeseen mechanical problems on your day of service we will attempt to provide you other means of transportation. Should this happen, we reserve the right to upgrade your charter at no additional cost to you to be able to continue with your requested charter. There will be no refunds of any kind when we provided contracted service in an upgraded vehicle. In the event that we fail to arrive for your charter all monies paid will be refunded in full and the client agrees that this refund shall be the full extent of all monies entitled to, and that no additional payment or compensation will be sought. We shall not be held liable for damage or harm, to property or person(s), unless such is caused by the intentional gross negligence on the part of the chauffeur. Do not overload the limousine. Our seating capacity is based on the "average" size person per federal regulations. Please be advised that if passengers are larger than the "average" person, then for safety reasons your number of passengers may be decreased. You agree that our company and anyone associated with the charter / service hold no liability for your actions during or after the conclusion of your charter. You agree to be solely responsible for actions, decisions and judgments made and exercised during and after the conclusion of your charter. Please be advised that we may not be able to make any changes to times or destinations once the charter is retained due to schedule conflicts. Please be aware that if you shorten your charter time, there are no refunds for unused time. If you request the vehicle to arrive early and or remain later than originally booked times, you will be charged for the additional time. Rates charged will be dependent upon specific times and vehicle. If changes are able to be made, an additional \$10.00 booking fee will be assessed for each change made to the original contract. The violation or cancelation, of any provision(s) within this agreement shall not affect the validity of any other provision(s). All

terms and provisions shall be held enforceable as per Ohio state law. There are no refunds for vehicles on days with temperatures of 80 degrees or higher or for electronics malfunctions. We shall not be held liable for non performance due to unavoidable or unforeseen conditions, such as acts of God, nature, adverse weather, traffic accidents, terrorism, power outages, vehicle/ mechanical failure or any conditions that are beyond the control of the company, or the chauffeur. All other requests for refunds must be done in writing and shall be granted solely at the discretion of the limousine service. By signing you agree the contract transpired and concluded within the city of Fairfield in Butler County.

Customer Signature _____ &Date_____

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POLICIES:

Once you have put your deposit down it is non-refundable and payment is due 14 days prior to date of service. If cancelation occurs before the 14 day prior period then only the deposit will be non-refundable. If cancelation occurs within 14 day prior period then no refunds will be granted and payment is still due in full. All monies can be used towards another service with us for up to one year if a cancelation occurs. Thank you.

All special event transportation i.e. super bowl, Kentucky derby, prom are totally non-refundable and non-transferable unless canceled 30 days prior to the date of service.