

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 ACS HSFACULTY MEMBER(S) SPONSORING TRIP Garnett

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify Basketball☒ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____DESTINATION 3561 Paducah Rd ADDRESS Barnard Memorial PHONE _____☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging Hotel - still needs to be bookedDATE(S) OF TRIP 12/27DEPARTURE TIME 11:30RETURN TIME 6:00PURPOSE/EDUCATIONAL VALUE XMAS Tournament

SOURCE OF FUNDING FOR TRIP

Board

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 14 FACULTY SPONSORS 3 OTHER CHAPERONES _____TOTAL # OF PARTICIPANTS 17

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: Ad Person making contact: GarnettIs 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):

GarnettPattonWinters

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

Signature of Faculty Sponsor

10/14/25

Date

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

Signature of Superintendent/Designee

10/14/25

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

Overnight Trip

09.36 AP.21

STUDENTS

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.
------------------	-----------------------------------	------------------------------------	-----------------------------------------------	--------------------

SCHOOL ACSHS FACULTY MEMBER(S) SPONSORING TRIP Coach Dewitt

TYPE OF TRIP (CHECK ONE):

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

DESTINATION Crittenden Co. H.S. ADDRESS 601 W. Elm St PHONE 270-965-3525

- ☐ Out of State ☐ Out of County ☐ Within County Marion, KY 42044
☒ Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP Nov. 21-22 DEPARTURE TIME 3:30 RETURN TIME Evening on 22ndPURPOSE/EDUCATIONAL VALUE Scrimmage, Crittenden Co.Paducah Tilghman, + Caldwell Co.

SOURCE OF FUNDING FOR TRIP _____

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 14 FACULTY SPONSORS 4 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 18

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: Shannon Hodge Person making contact: Coach DewittIs there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: GymDoes 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):

Coach Dewitt _____
Coach Miller _____
Coach Boyd _____
Coach Boler _____

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

Harry L. Miller
Signature of Faculty Sponsor

10/23/25
Date

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

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