

SchoolRelated 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 T. Cook, J. Pace, M. Valone

TYPE OF TRIP (CHECK ONE):

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

DESTINATION KY International Convention Center ADDRESS 2215 4th St, PHONE (502) 595-4381

- ☐ Out of State ☒ Out of County ☐ Within County Louisville, KY 40202

☒ Overnight; give name, address, phone of lodging The Galt House Hotel,
140 N 4th St, Louisville, KY, 40202 (502) 589-5200

DATE(S) OF TRIP 2/4-2/7, 2020 DEPARTURE TIME TBD RETURN TIME TBD

PURPOSE/EDUCATIONAL VALUE KMEA Conference & KMEA All-State Bands

SOURCE OF FUNDING FOR TRIP band account

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 5 FACULTY SPONSORS 3 OTHER CHAPERONES 0
 TOTAL # OF PARTICIPANTS 8

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) T. Cook, J. Pace, M. Valone

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: John Strobe Person making contact: T. Cook

Is there an Automated External Defibrillator (AED) on site: ☒ Yes ☐ No If yes, where: lobby, main room, exhibit hall

Does 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):

T. Cook

J. Pace

M. Valone

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

Tyler Cook
 Signature of Faculty Sponsor

12/1/25
 Date

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

[Signature]
 Signature of Superintendent/Designee

12/1/25
 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