

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 ACCTCFACULTY MEMBER(S) SPONSORING TRIP Kelsey Petty

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify☒ Organization/Club Trip, specify DECA☐ Other (athletic, band, if applicable)DESTINATION Embassy SuitesADDRESS 501 S. 4th StreetPHONE 502-813-3836☐ Out of State ☒ Out of County ☐ Within County☒ Overnight; give name, address, phone of lodging 501 S. 4th StreetLouisville, Ky 40202DATE(S) OF TRIP 3/1/26 - 3/3/26 DEPARTURE TIME 12:30 pm RETURN TIME 2:15 pmPURPOSE/EDUCATIONAL VALUE DECA State ConferenceSOURCE OF FUNDING FOR TRIP DECA

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 25 FACULTY SPONSORS 3 OTHER CHAPERONESTOTAL # OF PARTICIPANTS 28

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: Front Desk Employee Person making contact: Kelsey PettyIs 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):

Kelsey PettyLeslie StovallLogan Stovall

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

Kelsey Petty

Signature of Faculty Sponsor

8/28/25

Date

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Signature of Superintendent/Designee

9/3/25

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