

Field Trip Planning Forms

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

School: North Pointe Elementary Grade(s): 5th Class/Activity Group/Team: 5th GradeTeacher/Sponsor/Coach: Akrivi Watson Cell Phone Number: 859 962-9078Person trained with current medication administration training CPR/First Aid/AED credential yesDestination Venue, Location and State: COSITrip Location Contact Person: GISD - guest services Phone Number: 604-228-2674# Teachers: 6 # Students: 72 # Chaperones: 12-15 Adult/Student Ratio: 1-2 to every 10

Date(s) & Times		Cost	Transportation
Departure Date: <u>April 1st</u>		Total Cost: \$ <u>4015.85</u>	<input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: Approved Bid - Company Name <input type="checkbox"/> Other: Attach a copy of Charter Bus Contract.
Time: <u>7:30-8:30</u> (AM/PM)		Funding Source: <u>1,000.00 left over 4th Grade</u>	
Return Date: <u>April 1st</u>		Fee to be assessed to students:	
Time: <u>4:30-5:00</u> (AM/PM)		\$ <u>50.00 per student</u>	
Meals	At school prior to departure <input type="checkbox"/>	Student Packed <input type="checkbox"/> Location where packed lunches will be consumed:	
	Student Purchase Restaurant <input type="checkbox"/>	School Cafeteria Packed <input type="checkbox"/>	
	(Name and location of each stop)	Name & Location: Name & Location:	
Over Night	Date:	Lodging:	
	Date:	Lodging:	

attached

Students will pack a lunch

Trip Purpose and Core Content/learning targets: SourceSpecial Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: Autism students - Anaya Khalil & Samuel Stephenson

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 (for routine and emergency medications): Tiffany Hill, Aika Panose & Akrivi WatsonSchool Nurse Initials: NPE Nurse for verification that medications administrator listed above received training.Due Date: March 1st, 2025 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)

- AW I have viewed the field trip video for teachers/sponsors/coaches found on the District website
- AW I have attached an anticipated Trip Itinerary
- AW I have evaluated the trip site for potential hazards/special requirements
- AW 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.
- AW Funds have been secured for indigent students
- AW If needed, background checks for chaperone approval have been initiated
- AW 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: Akrivi Watson Date: 11/21/25

School-Related Student Trip Request Form
EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP) FOR
ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue COSIVenue Address 333 W Broad St. Columbus OH 43215Person or email contacted at venue to discuss EAP any person who works there - all have radiosPosition/Title of person contacted I contacted Chris JohnsonDate (s) of contact Nov. 19th

- Is there an Automatic External Defibrillator (AED) on site ☒ yes ☐ no? Is it regularly maintained? ☒ yes ☐ no?
- If yes, where is it located? one at main desk - guest services
- Does venue have an emergency response team (ERT) ☒ yes ☐ no?
- Process to request AED and/or ERT if needed at the scene contact any employee → they all have radios
- Will 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 all have first aid kits

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. Continue rescue breathing and chest compressions following AED prompt.
 - 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: Kelly Smith Date: 11/21/25
- ☐ Required for all trips
- Superintendent/Designee: James Detwiler Date: 1/15/2026
- ☐ Overnight Trips ☐ Trips of more than one instructional day time period ☐ Co-curricular/Extracurricular trips
- Board of Education: _____ Meeting Date: _____
- Submit forms to Superintendent/Designee for review and submission to the Board for approval.
- ☐ Common Carrier contract including cost
- ☐ Common Carrier Transportation Reason for using a Charter Bus/Plane: before/after hour transport
- 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: **NORTH POINTE ELEMENTARY SCHOOL** Acct ID: **3347000**

Address: **875N. BEND RD. HEBRON, KY 41048**

Client Contact: **AKRIVI WATSON** Phone#: **8593347000**

Pickup_Time	Passenger	Confirmation
3347000		
4/1/2026 12:00:00AM	NORTH POINTE ELEMENTARY SCHOOL	3164130
MOTOR COACH 47	FROM: NORTH POINTE: 875 N BEND RTD. HEBRON KY 41048	Fare: \$1,405.00
	TO: COSI 333 W. BROAD STREET, COLUMBUS, OHIO 43215	Tips: \$50.00
TRIP REMARKS:	WAIT & RETURN; Order has more than 1 vehicle (2)	Total Fare: \$1,455.00
4/1/2026 12:00:00AM	NORTH POINTE ELEMENTARY SCHOOL	3164141
MOTOR COACH 47	FROM: NORTH POINTE: 875 N BEND RTD. HEBRON KY 41048	Fare: \$1,405.00
	TO: COSI 333 W. BROAD STREET, COLUMBUS, OHIO 43215	Tips: \$50.00
TRIP REMARKS:	WAIT & RETURN; Order has more than 1 vehicle (2)	Total Fare: \$1,455.00
		Invoice Total: \$2,910.00

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

PAYMENT OF BALANCE: To avoid cancellation, the balance of the payment and your itinerary is due thirty (30) days prior to the event. If 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.

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.

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

DAMAGE AND CLEAN UP FEES: If excessive 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.

ITINERARY: A specific itinerary is required 30 days before the trip, listing all locations and expected times for the driver(s).

CONTACT PERSON: It is mandatory that you designate someone to be the contact for the driver on the day of the wedding. It's always helpful to have someone to assist people and advise the driver when the service is finished.

NOTES: Please check the information above regarding your trip. Should there be any changes, corrections, or additions, please contact us. Our staff is anxious to help you.

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

Signature Kelly Smith Date 11/21/25

(L)

Today's Hours:
10AM - 5PM

What can we help you find?



MEMBERSHIP (/membership)

TICKETS (<https://cosi.org/tickets/>)

DONATE (/support-cosi/donate)

VISIT (/visit)	MEMBERSHIP (/membership)	EDUCATORS (/educators)	SUPPORT COSI (/support-cosi)	EXHIBITS (/exhibits)	COSI CONNECTS (https://cosi.org/connects/)	ABOUT (/about-cosi)	HOST AN EVENT (https://cosi.org/MOBILEAPP)	SHOP (https://shop.cosi.org)
----------------	--------------------------	------------------------	------------------------------	----------------------	---	---------------------	---	--

Science is for Everyone

Explore science with your class! Special group rate available for 12 or more students: just \$13.65 per person.

Book Your Field Trip

To reserve your visit, call [614.228.2674](tel:614.228.2674) ext 0 (<tel:1-614-228-2674>) between 9 AM and 4 PM daily.

Advance reservations are required to ensure the best experience



Financial assistance is available for some groups through COSI's CAP.

[Click here for details.](#)

Field Trip Payment

Payment is due upon arrival (with the exception of Box Lunch orders, which must be paid two weeks in advance). Payments are required to be made in one lump sum payment. Only those persons listed on the group reservation are eligible for the discounted group rate. Individuals not included on the reservation will be charged full general admission. Purchase Orders will also be accepted as long as a copy of the PO is provided at check-in.

Groups wishing to pay in advance may call COSI at 614.228.2674 (tel:1-614-228-2674) Monday - Friday to pay over the phone with a credit card, or mail their payment to:

COSI Accounts Receivable

333 West Broad Street

Columbus, OH 43215

📍 333 West Broad St. Columbus, OH 43215

☎ 614.228.COSI (tel:1-614-228-2674) ✉ [Contact Us](#)

(<https://cosi.org/contact-us>).



(<https://facebook.com/cosiscience>)



(<https://instagram.com/COSIScience/>).

(<https://twitter.com/cosi>)



Copyright 2025 COSI. All rights

reserved. Optimized with Plerdy.

(<https://www.youtube.com/user/cosiweb>).